

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004389

**Entity Name:** DYSIS MEDICAL INC.

**Current Principal Place of Business:**

3001 N. ROCKY POINT DRIVE  
200  
TAMPA, FL 33607

**Current Mailing Address:**

3001 N. ROCKY POINT DRIVE  
200  
TAMPA, FL 33607 US

**FEI Number:** 90-0961648

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            ATKINSON, ALASTAIR  
Address        4 RATTRAY LOAN, EDINBURGH  
City-State-Zip: SCOTLAND EH10 5TQ UK AL

Title            SECRETARY  
Name            DAVIDSON, SUSAN  
Address        13 WRIGHT AVE, BATHGATE WEST  
                  LOTHIAN  
City-State-Zip: SCOTLAND EH48 2UU UK AL

Title            PRESIDENT  
Name            STEBBINGS, KIM  
Address        3001 N. ROCKY POINT DRIVE  
                  200  
City-State-Zip: TAMPA FL 33607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIM STEBBINGS

**PRESIDENT**

**05/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date