

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646557

FILED  
Jan 15, 2010  
Secretary of State

Entity Name: OCEAN MEDICAL, INC.

**Current Principal Place of Business:**

1717 SW 1ST WAY  
SUITE 30  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 SW 1ST WAY  
SUITE 30  
DEERFIELD BEACH, FL 33441 US

**New Mailing Address:**

FEI Number: 59-0195506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THEODORE, CHRIS V  
4708 NE 23RD AVE.  
FT LAUDERDALE, FL 33308 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THEODORE, CHRIS V  
Address: 4708 NE 23RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: V  
Name: THEODORE, CHRISTINE M  
Address: 4708 NE 23RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: M  
Name: THEODORE, CHRISTOPHER E  
Address: 812 SE 14TH ST  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D  
Name: THEODORE, MARIA C  
Address: 545 E BRADDOCK RD #102  
City-St-Zip: ALEXANDRIA, VA 22314

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: CHRIS V THEODORE

PD

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date