

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000000743

Entity Name: ACUMED MEDICAL LTD.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3679 LAKESHORE BLVD. W.  
TORONTO, ON M8W 1P7 CA

**New Principal Place of Business:**

**Current Mailing Address:**

3679 LAKESHORE BLVD. W.  
TORONTO, ON M8W 1P7 CA

**New Mailing Address:**

FEI Number: 98-0211134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: HOCKING, BRUCE  
Address: 3679 LAKESHORE BLVD. W.  
City-St-Zip: TORONTO, ON M8W 1P7 CA

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: BRUCE HOCKING

MR

01/05/2012

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

\_\_\_\_\_  
Date