

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90003 046 ***150.00

DOCUMENT # F00000003199

1. Entity Name
ETRAUMA.COM CORP.



Principal Place of Business
1425 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

Mailing Address
1425 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

54069805-



08102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1017159

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGERMAN, JOHN D
1425 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HODGEMAN, JOHN D
STREET ADDRESS	1425 EAST NEWPORT CENTER DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	CFO
NAME	Stanley Hoskins
STREET ADDRESS	1425 East Newport Center Drive
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	Sr. VP of Sales
NAME	Mark Maloney
STREET ADDRESS	1425 East Newport Center Drive
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	VP of Operations
NAME	Richard Lipschutz
STREET ADDRESS	1425 East Newport Center Drive
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	VP of Marketing
NAME	Patrick Culley
STREET ADDRESS	1425 East Newport Center Drive
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	VP of Research & Product Dev.
NAME	Todd Talbott
STREET ADDRESS	1425 East Newport Center Drive
CITY-ST-ZIP	Deerfield Beach, FL 33442

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S.C. Hoskins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04

Date

954 421 5823

Daytime Phone #