

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90085 026 ***150.00

DOCUMENT # F06000005263

1. Entity Name
CMF MEDICON SURGICAL INC.



Principal Place of Business
**11221 ST JOHNS INDUSTRIAL PKWY
STE 3
JACKSONVILLE, FL 32246**

Mailing Address
**19 SPEAR RD
STE 312
RAMSEY, NJ 07446**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1514 Nira Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

Zip

Country

Zip
32207

Country

USA

04232007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4950687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAVANAUGH, JIN
11221 ST JOHNS INDUSTRIAL PKWY
STE 3
JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent

Name
Cavanaugh, James

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **WENZLER, PETER**
STREET ADDRESS **% MEDICON EG, GANSAECKER 15**
CITY-ST-ZIP **D-78532 TUTTLINGEN/GERMANY,**

TITLE **VCP** ☐ Delete
NAME **SCHMID, JOACHIM**
STREET ADDRESS **% MEDICON EG, GANSAECKER 15**
CITY-ST-ZIP **D-78532 TUTTLINGEN/GERMANY,**

TITLE **D** ☐ Delete
NAME **KREIDLER, EBERHARD**
STREET ADDRESS **% MEDICON EG, GANSAECKER 15**
CITY-ST-ZIP **D-78532 TUTTLINGEN/GERMANY,**

TITLE **D** ☐ Delete
NAME **MITTERMUELLER, THOMAS**
STREET ADDRESS **% MEDICON EG, GANSAECKER 15**
CITY-ST-ZIP **D-78532 TUTTLINGEN/GERMANY,**

TITLE **VP** ☐ Delete
NAME **CAVANAUGH, JIM**
STREET ADDRESS **11221 ST JOHNS INDUSTRIAL PKWY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **VPS** ☒ Delete
NAME **MABRY, KIM C**
STREET ADDRESS **11221 ST JOHNS INDUSTRIAL PKWY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #