

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005263

FILED
Feb 17, 2009
Secretary of State

Entity Name: CMF MEDICON SURGICAL INC.

Current Principal Place of Business:

11222 ST JOHNS INDUSTRIAL PKWY N
STE 7
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

1514 NIRA STREET
JACKSONVILLE, FL 32207

New Mailing Address:

5011 GATE PKWY BLDG 100 STE 300
JACKSONVILLE, FL 322560562

FEI Number: 20-4950687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACHER, RAINER
11222 ST JOHNS INDUSTRIAL PKWY N
STE 7
JACKSONVILLE, FL 32246 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: C () Delete
Name: WENZLER, PETER
Address: % MEDICON EG, GANSAECKER 15
City-St-Zip: D-78532 TUTTLINGEN/GERMANY, XX

Title: VCP () Delete
Name: SCHMID, JOACHIM
Address: % MEDICON EG, GANSAECKER 15
City-St-Zip: D-78532 TUTTLINGEN/GERMANY, XX

Title: D () Delete
Name: KREIDLER, EBERHARD
Address: % MEDICON EG, GANSAECKER 15
City-St-Zip: D-78532 TUTTLINGEN/GERMANY, XX

Title: D () Delete
Name: MITTERMUELLER, THOMAS
Address: % MEDICON EG, GANSAECKER 15
City-St-Zip: D-78532 TUTTLINGEN/GERMANY, XX

Title: EVP () Delete
Name: BACHER, RAINER
Address: 11222-7 ST JOHNS INDUSTRIAL PKWY N
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAINER BACHER

EVP

02/17/2009

Electronic Signature of Signing Officer or Director

Date