

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005263

FILED  
Feb 27, 2012  
Secretary of State

Entity Name: CMF MEDICON SURGICAL INC.

## Current Principal Place of Business:

11200 ST JOHNS INDUSTRIAL PKWY  
STE 5 & 6 NORTH  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

## Current Mailing Address:

2317 BLANDING BLVD. #206  
JACKSONVILLE, FL 32210

## New Mailing Address:

FEI Number: 20-4950687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIM, WILMOTH  
2317 BLANDING BLVD  
SUITES 206  
JACKSONVILLE, FL 32210 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: C  
Name: WENZLER, PETER  
Address: % MEDICON EG, GANSAECKER 15  
City-St-Zip: D-78532 TUTTLINGEN/GERMANY, XX

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

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

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

Title: EVP  
Name: KEVIN, VUCINICH  
Address: 11200 ST JOHNS INDUSTRIAL PKWY N ST 5 & 6  
City-St-Zip: JACKSONVILLE, FL 32246

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: KIM M WILMOTH

CPA

02/27/2012

Electronic Signature of Signing Officer or Director

Date