

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006040

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SYNCRO MEDICAL INNOVATIONS, INC.

## Current Principal Place of Business:

2860 23RD AVENUE NORTH  
ST. PETERSBURG, FL 33713

## New Principal Place of Business:

## Current Mailing Address:

2860 23RD AVENUE NORTH  
ST. PETERSBURG, FL 33713

## New Mailing Address:

FEI Number: 58-2392760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALCALA, DON  
2860 23RD AVE NORTH  
ST PETERSBURG, FL 33713 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: D ( ) Delete  
Name: SANDOSKI, AARON  
Address: 1601 TRAPELO RD, SUITE 145  
City-St-Zip: WALTHAM, MA 02451

Title: D ( ) Delete  
Name: FRANKHOUSER, PAUL  
Address: 131 PATRICK CIRCLE  
City-St-Zip: STATE COLLEGE, PA 16801

Title: D ( ) Delete  
Name: GABRIEL, SABRY  
Address: 340 HILLRIDGE COVE  
City-St-Zip: LIZELLA, GA 31052

Title: P ( ) Delete  
Name: WAKEFORD, GARY  
Address: 20 JADE CIR  
City-St-Zip: CANFIELD, OH 44406

## 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:

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: GARY WAKEFORD

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date