

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006040

FILED  
Jan 05, 2012  
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:

11733 66TH STREET NORTH  
SUITE # 113  
LARGO, FL 33773

## Current Mailing Address:

2860 23RD AVENUE NORTH  
ST. PETERSBURG, FL 33713

## New Mailing Address:

11733 66TH STREET NORTH  
SUITE # 113  
LARGO, FL 33773

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:

ALCALA, DON  
11733 66TH STREET NORTH  
SUITE # 113  
LARGO, FL 33773 US

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: DON ALCALA

01/05/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: FLECK, PHIL  
Address: PO BOX 13  
City-St-Zip: LIMEKILN, PA 19535

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

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

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

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: GARY WAKEFORD

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date