

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004651

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL CLOSURE DEVICES INC.

**Current Principal Place of Business:**

12374 GRUMMAN WAY  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

12374 GRUMMAN WAY  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

**FEI Number:** 26-2188672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOVELAND, DEBORAH A  
12374 GRUMMAN WAY  
PORT ST. LUCIE, FL 34987 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:** CP  
**Name:** OSBERG, JAMES A  
**Address:** 2600 SOUTH KANNER HWY, BLDG C2  
**City-St-Zip:** STUART, FL 34994

**Title:** VCV  
**Name:** LOVELAND, GEORGE W  
**Address:** 12374 GRUMMAN WAY  
**City-St-Zip:** PORT ST. LUCIE, FL 34987

**Title:** ST  
**Name:** LOVELAND, DEBORAH A  
**Address:** 12374 GRUMMAN WAY  
**City-St-Zip:** PORT ST. LUCIE, FL 34987

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:** DEBORAH A. LOVELAND

ST

01/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date