2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

DOCUMENT# F08000004651

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:

OSBERG, JAMES
2600 S KANNER HWY
BLDG C-2
STUART, FL 34994 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: JAMES OSBERG 03/14/2012
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: VCVP
Name: LOVELAND, GEORGE W
Address: 12374 GRUMMAN WAY
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: ST
Name: OSBERG, JAMES A
Address: 2600 SOUTH KANNER HWY, BLDG C2
City-St-Zip: STUART, FL 34994

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: JAMES OSBERG CP 03/14/2012
Electronic Signature of Signing Officer or Director Date