

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000758

Entity Name: MEDICAL DEVICES INC

FILED  
Mar 05, 2012  
Secretary of State

## Current Principal Place of Business:

4500 140TH AVENUE N, SUITE 101  
CLEARWATER, FL 33762

## New Principal Place of Business:

4500 140TH AVENUE N, SUITE 101  
CLEARWATER, FL 33762 UN

## Current Mailing Address:

4500 140TH AVENUE N, SUITE 101  
CLEARWATER, FL 33762

## New Mailing Address:

4500 140TH AVENUE N, SUITE 101  
CLEARWATER, FL 33762 UN

FEI Number: 80-0345577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COBB, MARK  
4600 140TH AVE. NORTH  
SUITE 200  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

COBB, MARK  
4500 140TH AVE. NORTH  
SUITE 101  
CLEARWATER, FL 33762 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:

03/05/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: COBB, MARK  
Address: 4600 140TH AVE. NORTH, SUITE 200  
City-St-Zip: CLEARWATER, FL 33762

Title: SD  
Name: CIBAS, JONAS  
Address: 4600 140TH AVE. NORTH, SUITE 200  
City-St-Zip: CLEARWATER, FL 33762

Title: D  
Name: PETERSON, CRIS  
Address: 4600 140TH AVE. NORTH, SUITE 200  
City-St-Zip: CLEARWATER, FL 33762

Title: D  
Name: WHELAN, HARRY T  
Address: 4600 140TH AVE N, SUITE 200  
City-St-Zip: CLEARWATER, FL 33762

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: CRIS PETERSON

D

03/05/2012

Electronic Signature of Signing Officer or Director

Date