

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54306

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** STAT MEDICAL DEVICES, INC.

**Current Principal Place of Business:**

2056 NE 153RD ST.  
NORTH MIAMI BEACH, FL 331626020 US

**New Principal Place of Business:**

2056 NE 153RD ST.  
NORTH MIAMI BEACH, FL 33162 US

**Current Mailing Address:**

2056 NE 153RD ST.  
NORTH MIAMI BEACH, FL 331626020 US

**New Mailing Address:**

2056 NE 153RD ST.  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 65-0120737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHAMES, DEBORAH S  
2056 NE 153RD ST.  
NORTH MIAMI BEACH, FL 331626020 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: TPD  
Name: SCHRAGA, STEVEN  
Address: 2056 NE 153RD ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 331626020 US

Title: TPD  
Name: SCHRAGA, STEVEN  
Address: 2056 NE 153RD ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 331626020 US

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: STEVEN SCHRAGA

TPD

02/01/2011

Electronic Signature of Signing Officer or Director

Date