

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87699

Entity Name: KNOXVILLE MEDICAL, INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

6135 N.W. 167TH ST  
STE E-3  
MIAMI, FL 33015 US

## New Principal Place of Business:

## Current Mailing Address:

6135 NW 167TH ST  
STE E-3  
MIAMI, FL 33015 US

## New Mailing Address:

FEI Number: 65-0525329      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINTANA, J L  
338 MINORCA AVENUE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: GIMENEZ, JAVIER O.,  
Address: 6135 N.W. 167TH ST, STE E-3  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAVIER O. GIMENEZ

PTSD

01/19/2009

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

\_\_\_\_\_  
Date