

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021424

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** VENTURE MEDICAL REQUIP, INC.

**Current Principal Place of Business:**

6008 BONACKER DRIVE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

6008 BONACKER DRIVE  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 59-3632787      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PRITCHARD, JOHN C II  
6008 BONACKER DR  
TAMPA, FL 33610    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:** PRES  
**Name:** PRITCHARD, CATHY L  
**Address:** 4219 MOORES LAKE ROAD  
**City-St-Zip:** DOVER, FL 33527

**Title:** CEO  
**Name:** PRITCHARD, JOHN C II  
**Address:** 14010 PRITCHARD POND LN  
**City-St-Zip:** DOVER, FL 33527

**Title:** VP  
**Name:** MYERS, RENEE C  
**Address:** 13232 PINE CREEK CIR  
**City-St-Zip:** RIVERVIEW, FL 33579

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: JOHN PRITCHARD II

CEO

03/15/2011

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

\_\_\_\_\_ Date