

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030931

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** CROSBY ADVANCED MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

13556 DORNOCH DR, STE. 1  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

13556 DORNOCH DR, STE. 1  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:** 59-3636386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CROSBY, CHARLES J  
13556 DORNOCH DR, STE. 1  
ORLANDO, FL 32828 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:** P  
**Name:** CROSBY, CHARLES J  
**Address:** 13556 DORNOCH DR, STE. 1  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** M  
**Name:** CROSBY, CAROLYN  
**Address:** 13556 DORNOCH DR, STE. 1  
**City-St-Zip:** ORLANDO, FL 32828 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:** CHARLES J. CROSBY

PRES

02/17/2010

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

\_\_\_\_\_  
Date