

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000067951

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** SOUTH BAY BIO-MEDICAL, INC.

**Current Principal Place of Business:**

6506 SOLITAIRE PALM WAY  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

6506 SOLITAIRE PALM WAY  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 59-3661268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPEIGHT, GARY W  
6506 SOLITARE PALM WAY  
APOLLO BEACH, FL 33572 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:** PST  
**Name:** SPEIGHT, GARY W  
**Address:** 6506 SOLITAIRE PALM WAY  
**City-St-Zip:** APOLLO BEACH, FL 33572

**Title:** VPST  
**Name:** SPEIGHT, GARY W  
**Address:** 6506 SOLITAIRE PALM WAY  
**City-St-Zip:** APOLLO BEACH, FL 33572

**Title:** P  
**Name:** SPEIGHT, GARY W  
**Address:** 6506 SOLITAIRE PALM WAY  
**City-St-Zip:** APOLLO BEACH, FL 33572

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:** GARY SPEIGHT

PST

04/27/2010

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

\_\_\_\_\_  
Date