

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026629

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: SARASOTA MEDICAL TECHNOLOGIES, INC.

## Current Principal Place of Business:

6172 PALOMINO CIRCLE  
UNIVERSITY PARK, FL 34201

## New Principal Place of Business:

## Current Mailing Address:

6172 PALOMINO CIRCLE  
UNIVERSITY PARK, FL 34201

## New Mailing Address:

FEI Number: 65-1108761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ZYZNOMYRSKY, JOHN  
6172 PALOMINO CIRCLE  
SARASOTA, FL 34243 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: PD ( ) Delete  
Name: ZYZNOMYRSKY, JOHN  
Address: 6172 PALOMINO CIRCLE  
City-St-Zip: SARASOTA, FL 34243

Title: CEO ( ) Delete  
Name: BRYK-ZYZNOMYRSKY, IRENA  
Address: 6172 PALOMINO CIRCLE  
City-St-Zip: UNIVERSITY PARK, FL 34201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN B.ZYZNOMYRSKY

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date