

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000038806

**FILED**  
**May 04, 2012**  
**Secretary of State**

**Entity Name:** PARKER HEALTHCARE PRODUCTS, INC.

**Current Principal Place of Business:**

1112 W-NEW HAVEN AVE  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

1112 W-NEW HAVEN AVE  
MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 59-3713490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, SHAWN  
1903 S ATLANTIC ST  
MELBOURNE BEACH, FL 32951 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: P  
Name: PARKER, SHAWN  
Address: 1903 S. ATLANTIC ST., UNIT 212  
City-St-Zip: MELBOURNE BCH, FL 32951

Title: VP  
Name: PARKER, TIMOTHY  
Address: 340 BAHAMA DR  
City-St-Zip: INDIALANTIC, FL 32903

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: SHAWN PARKER

P

05/04/2012

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

\_\_\_\_\_  
Date