

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068218

Entity Name: H-S MEDICAL, INC.

FILED  
Feb 13, 2009  
Secretary of State

## Current Principal Place of Business:

6600 W ROGERS CIR  
SUITE 1  
BOCA RATON, FL 33487

## New Principal Place of Business:

4521 N DIXIE HWY  
BOCA RATON, FL 33431

## Current Mailing Address:

6600 W ROGERS CIR  
SUITE 1  
BOCA RATON, FL 33487

## New Mailing Address:

4521 N DIXIE HWY  
BOCA RATON, FL 33431

FEI Number: 65-1122802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIECO, MARK M ESQ  
3109 45TH ST.  
WEST PALM BEACH, FL 33407 US

## Name and Address of New Registered Agent:

IMPROTA, LUCIO  
4521 N DIXIE HWY  
BOCA RATON, FL 33431 US

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: LUCIO IMPROTA

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: IMPROTA, CATERINA E CEO  
Address: 6600 W ROGERS CIR STE 1  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: VELEZ, FRANCISCO  
Address: 6600 W ROGERS CIR STE 1  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: BARON, CLAUDIA  
Address: 6600 W ROGERS CIR STE 1  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: IMPROTA, CATERINA E CEO  
Address: 4521 N DIXIE HWY  
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Change ( ) Addition  
Name: VELEZ, FRANCISCO  
Address: 4521 N DIXIE HWY  
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Change ( ) Addition  
Name: BARON, CLAUDIA  
Address: 4521 N DIXIE HWY  
City-St-Zip: BOCA RATON, FL 33431

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: CATERINA E IMPROTA

CEO

02/13/2009

Electronic Signature of Signing Officer or Director

Date