

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018942

Entity Name: MOMENTUM MEDICAL, INC.

FILED  
Aug 24, 2009  
Secretary of State

**Current Principal Place of Business:**

7631 DOLONITA DRIVE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

7631 DOLONITA DRIVE  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 03-0390148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PARTLOW, DAVID L ESQ  
2203 NORTH LOIS AVENUE  
SUITE 900  
TAMPA, FL 33607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GUERIN, LINDA M  
Address: 7631 DOLONITA DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: CROCKER, RONALD L  
Address: 4882 W. GANDY BLVD. #E-101  
City-St-Zip: TAMPA, FL 33611

**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: LINDA M. GUERIN

PRES

08/24/2009

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

\_\_\_\_\_ Date