

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019459

Entity Name: WASILAK MEDICAL, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

42 WINDING PATH DRIVE
PONTA VERDA, FL 32081 US

New Principal Place of Business:

Current Mailing Address:

42 WINDING PATH DRIVE
PONTA VERDA, FL 32081 US

New Mailing Address:

FEI Number: 75-3001898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, JACK E
2731 SILVER STAR ROAD
ORLANDO, FL 32808 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: P () Delete
Name: WASILAK, JOHN S
Address: 3912 SCARBOROUGH COURT
City-St-Zip: CLERMONT, FL 34711 US

Title: T () Delete
Name: WASILAK, JOHN S
Address: 3912 SCARBOROUGH COURT
City-St-Zip: CLERMONT, FL 34711

Title: SVP (X) Delete
Name: WASILAK, DIANNE M
Address: 3912 SCARBOROUGH COURT
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: WASILAK, JOHN S
Address: 42 WINDING PATH DRIVE
City-St-Zip: PONTE VEDRA, FL 32081 US

Title: SVP (X) Change () Addition
Name: WASILAK, DIANNE M
Address: 42 WINDING PATH DRIVE
City-St-Zip: PONTE VEDRA, FL 32081

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 WASILAK

P/T

05/01/2009

Electronic Signature of Signing Officer or Director

Date