

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127648

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** PREFERRED MEDICAL DEVICES, INC.

**Current Principal Place of Business:**

6400 CONGRESS AVENUE  
2200  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6400 CONGRESS AVENUE  
2200  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 05-0543562      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OTTO, EDGAR  
6400 CONGRESS AVENUE, SUITE 2200  
BOCA RATON, FL 33487      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  
**Name:** OTTO, EDGAR  
**Address:** 8558 HORSESHOE LANE  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** VTS  
**Name:** CHAPMAN, KAMALA  
**Address:** 7327 TILLMAN DR.  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** CEO  
**Name:** OTTO, GREGORY  
**Address:** 15432 TALL OAK AVE  
**City-St-Zip:** DELRAY BEACH, FL 33446

**Title:** COO  
**Name:** MILLER, JAMES  
**Address:** 3091 VERDMONT LANE  
**City-St-Zip:** WELLINGTON, FL 33414

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: EDGAR OTTO

PD

04/27/2010

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

\_\_\_\_\_  
Date