

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000004375

Entity Name: PRO MED INSTRUMENTS, INC.

FILED  
Feb 20, 2008  
Secretary of State

## Current Principal Place of Business:

4529 SE 16TH PLACE  
SUITE 101  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

4529 SE 16TH PLACE  
SUITE 101  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 47-0904593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ  
STE C, 1105 CAPE CORAL PKWY E  
CAPE CORAL, FL 33904 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: D ( ) Delete  
Name: SCHUELE, EDGAR  
Address: BASLER LANDSTRASSE 52A  
City-St-Zip: FREIBERG IM BREISGAU, GERMANY, DE D-79111 DE

Title: D ( ) Delete  
Name: SCHUELE, DOROTHEA W  
Address: BASLER LANDSTRASSE 52A, 3-79111  
City-St-Zip: FREIBERG IM BREISGAU, GERMANY, OC

Title: D ( ) Delete  
Name: HOFFMAN, GABRIELE M  
Address: 4529 SE 16TH PLACE, SUITE 101  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCDONALD, SANDRA L  
Address: 4529 SE 16TH PLACE, SUITE 101  
City-St-Zip: CAPE CORAL, FL 33904

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: EDGAR SCHUELE

MR

02/20/2008

Electronic Signature of Signing Officer or Director

Date