

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029930

Entity Name: COMPEX MEDICAL, INC.

FILED
Jul 05, 2005
Secretary of State

Current Principal Place of Business:

28944 SR 54
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

28944 SR 54
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 57-1159492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZO, MAURICE
27029 CORAL SPRINGS DRIVE
WESLEY CHAPEL, FL 33543 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: P () Delete
Name: LORENZO, MAURICE
Address: 27029 CORAL SPRINGS DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP () Delete
Name: DIAZ, ANDRES JR
Address: 10417 CANARY ISLE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: LORENZO, MAURY
Address: 10517 CHAMBERS DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: MAURICE LORENZO

P

07/05/2005

Electronic Signature of Signing Officer or Director

_____ Date