

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029930

Entity Name: COMPEX MEDICAL, INC.

FILED  
Feb 27, 2008  
Secretary of State

**Current Principal Place of Business:**

8875 HIDDEN RIVER PARKWAY  
550  
TAMPA, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

8875 HIDDEN RIVER PARKWAY  
550  
TAMPA, FL 33637

**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, MAURICE  
Address: 27029 CORAL SPRINGS DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

**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 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: MAURICE LORENZO

P

02/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date