


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000060526**


1. Entity Name  
 TRI-SENSE MEDICAL, INC.



Principal Place of Business  
 13020 PARK BLVD.  
 SEMINOLE, FL 33776

Mailing Address  
 13020 PARK BLVD.  
 SEMINOLE, FL 33776

**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 90-0098862

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

STROHAUER, GARY N  
 1150 CLEVELAND STREET  
 SUITE 300  
 CLEARWATER, FL 33755

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000807581  
 02/07/08-80013-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIDD, RICHARD C
STREET ADDRESS	13020 PARK BLVD.
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	CLARKSON, FREDERICK W
STREET ADDRESS	13020 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	FISHER, MARIANNE
STREET ADDRESS	13020 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Marianne Fisher** **1/28/08** **727-393-3404**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #