

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000015318

1. Entry Name
TITAN MEDICAL PROCESSING, INC.



Principal Place of Business
**500 PULLMAN RD
EDGEWATER, FL 32132**

Mailing Address
**P.O. BOX 1153
EDGEWATER, FL 32132**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0090083 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**QUINN, DONNA A
3040 TRAVELERS PALM DR
EDGEWATER, FL 32141**

**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

Donna A Quinn, President

4-15-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000511978
04/29/06-80072-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO QUINN, DONNA 3040 TRAVELERS PALM DRIVE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPOVICH, WILLIAM 3035 TRAVELERS PALM DRIVE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POPOVICH, GERRY 3035 TRAVELERS PALM DRIVE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINN, DANIEL 3040 TRAVELERS PALM DRIVE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, DONNA 3040 TRAVELERS PALM DRIVE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLEM, ALVARO 500 PULLMAN RD EDGEWATER, FL 32132

**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

Donna A Quinn **DONNA A QUINN**

DATE

4-15-06 **3863149567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #