2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# P04000095937

Entity Name: ENDOTECNICA MEDICAL DEVICES, INC.

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY, STE 413
SUITE 413
SUNRISE, FL 33323

New Principal Place of Business:

11231 HERON BAY BLVD,
3624
CORAL SPRINGS, FL 33076

Current Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY, STE 413
SUITE 413
SUNRISE, FL 33323

New Mailing Address:

11231 HERON BAY BLVD,
3624
CORAL SPRINGS, FL 33076

FEI Number: 20-1280485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: T
Name: RAMOS, CARLOS
Address: 11231 HERON BAY BLVD, # 3624
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P
Name: CONTRAMAESTRE, WUALDINT PEREZ
Address: 11231 HERON BAY BLVD, # 3624
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP
Name: CONTRAMAESTRE, MAYRA PEREZ
Address: 11231 HERON BAY BLVD
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP
Name: CONTRAMAESTRE, ANA
Address: 11231 HERON BAY BLVD
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: ALICIA SANDOVAL MRS. 02/11/2011

Electronic Signature of Signing Officer or Director Date