## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000095937

Entity Name: ENDOTECNICA MEDICAL DEVICES, INC.

FILED Jan 16, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11231 HERON BAY BLVD. 7401 WILES RD. # 213

# 3624 CORAL SPRINGS, FL 33067 UN CORAL SPRINGS, FL 33076

Current Mailing Address: New Mailing Address:

11231 HERON BAY BLVD. 7401 WILES RD. # 213

# 3624 CORAL SPRINGS, FL 33067 UN 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: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD.

7401 WILES RD, # 213

PLANTATION, FL 33324 US CORAL SPRINGS, FL 33067 US

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: ALICIA SANDOVAL 01/16/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

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 01/16/2012