

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000138291

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** CUSTOM MEDICAL PRODUCTS, INC.

**Current Principal Place of Business:**

3909 E. SEMORAN BLVD.  
BUILDING 599  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

522 HUNT CLUB BLVD.  
PMB 412  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 84-1657945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32203 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: DP  
Name: SHUMATE, CARL  
Address: 522 HUNT CLUB BLVD., PMB 412  
City-St-Zip: APOPKA, FL 32703

Title: DV  
Name: DRABIK, EUGENE  
Address: 522 HUNT CLUB BLVD., PMG 412  
City-St-Zip: APOPKA, FL 32703

Title: VP  
Name: CHANDRINOS, FAYE  
Address: 522 HUNT CLUB BLVD, PMG412  
City-St-Zip: APOPKA, FL 32703

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: FAYE CHANDRINOS

VP

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date