

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000165557

**Entity Name:** MEDICAL MICROCURRENT, INC.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2180 PARK AVE N STE 326  
SUITE 326  
WINTER PK, FL 32789

**New Principal Place of Business:**

2180 PARK AVE N STE 326  
SUITE 326  
WINTER PARK, FL 32789

**Current Mailing Address:**

2180 PARK AVE NORTH  
SUITE 326  
WINTER PK, FL 32789

**New Mailing Address:**

2180 PARK AVE N STE 326  
SUITE 326  
WINTER PARK, FL 32789

**FEI Number:** 05-0618770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TATUM, JOHN M MD  
434 BOUCHELLE DRIVE  
NEW SMYRNA BEACH, FL 32169 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: DPST  
Name: TATUM, JOHN M M.D.  
Address: 2180 PARK AVE N STE 326  
City-St-Zip: WINTER PARK, FL 32789

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: JOHN M TATUM, MD

PRES

04/07/2011

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

\_\_\_\_\_  
Date