

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000032485

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1247 SOUTHEAST 13TH TERRACE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1247 SOUTHEAST 13TH TERRACE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 55-0891735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALLARI, MARY B  
1247 SE 13 TERRACE  
FT. LAUDERDALE, FL 33316 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: PST  
Name: CALLARI, MARY B  
Address: 1247 SOUTHEAST 13TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPD  
Name: CALLARI, MARY B  
Address: 1247 SOUTHEAST 13TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: MARY CALLARI

VPD

04/28/2011

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

\_\_\_\_\_  
Date