

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000143348

Entity Name: CR MEDICAL, INC.

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1500 WESTON RD, SUITE 212  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1500 WESTON RD - SUITE 200  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-3686761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENZAQUEN, ELEAZAR  
1500 WESTON RD, SUITE 212  
WESTON, FL 33326 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: DPS  
Name: ROMERO, ARELYS  
Address: 1500 WESTON RD, SUITE 200  
City-St-Zip: WESTON, FL 33326

Title: VPTD  
Name: PIZARRO, LUIS ANDRES  
Address: 1500 WESTON RD, SUITE 200  
City-St-Zip: WESTON, FL 33326

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: ARELYS ROMERO

DPS

03/21/2012

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

\_\_\_\_\_  
Date