

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164852

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: GAETA MEDICAL DEVELOPMENT CO.

## Current Principal Place of Business:

5220 HOOD ROAD  
SUITE #100  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

5220 HOOD ROAD  
SUITE #100  
PALM BEACH GARDENS, FL 33418

## Current Mailing Address:

5220 HOOD ROAD  
SUITE #100  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

5220 HOOD ROAD  
SUITE #100  
PALM BEACH GARDENS, FL 33418

FEI Number: 83-0443596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAETA, NEIL J  
5220 HOOD ROAD  
SUITE #100  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

GAETA, NEIL J  
5220 HOOD ROAD  
SUITE #100  
PALM BEACH GARDENS, FL 33418 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:

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: GAETA, NEIL J  
Address: 5220 HOOD ROAD, SUITE #100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP (X) Delete  
Name: GAETA, LOUIS A JR  
Address: 5220 HOOD ROAD, SUITE #100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S ( ) Delete  
Name: TREZZA, ARLINE R  
Address: 5220 HOOD ROAD, STE. 100  
City-St-Zip: PALMBEACH GARDENS, FL 33418

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: GAETA, NEIL J  
Address: 5220 HOOD ROAD, SUITE #100  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NEIL J. GAETA

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04/03/2009

Electronic Signature of Signing Officer or Director

Date