

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009236

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** DIGIMED ANALYTICAL INSTRUMENTS, INC.

**Current Principal Place of Business:**

6861 SW 196TH AVE  
SUITE 116A  
PEMBROKE PINES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

6861 SW 196TH AVE  
SUITE 116A  
PEMBROKE PINES, FL 33332

**New Mailing Address:**

**FEI Number:** 20-4177474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPES, ROBSON V  
6861 SW 196TH AVE  
SUITE 116A  
PEMBROKE PINES, FL 33332 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LOPES, ROBSON V  
**Address:** 15606 NW 12TH MANOR  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** V  
**Name:** SOUZA, NEYLTON N  
**Address:** 16525 SAPPHIRE ST  
**City-St-Zip:** WESTON, FL 33331

**Title:** ST  
**Name:** HOLZBACH, MARIA E  
**Address:** 19361 NW 8TH ST  
**City-St-Zip:** PEMBROKE PINES, FL 33029

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:** ROBSON LOPES

P

02/17/2010

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

\_\_\_\_\_  
Date