

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111046

FILED
Feb 09, 2012
Secretary of State

Entity Name: BLACK BAG MEDICAL, INC.

Current Principal Place of Business:

6817 SOUTHPOINT PKWY.
STE. 503
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4320 DEERWOOD LAKE PKWY
STE 101, PMB 321
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 20-5438009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, BRIAN
4320 DEERWOOD LAKE PKWY
STE 101, PMB 321
JACKSONVILLE, FL 32216 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: PVST
Name: STEPHENS, BRIAN
Address: 4320 DEERWOOD LAKE PKWY STE 101, PMB 321
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D
Name: STEPHENS, BRIAN
Address: 4320 DEERWOOD LAKE PKWY STE 101, PMB 321
City-St-Zip: JACKSONVILLE, FL 32216 US

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: BRIAN STEPHENS, MD

MGR

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date