

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000067943

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** ENGELT MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

1451 WEST CYPRESS CREEK RD  
STE 300  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1451 WEST CYPRESS CREEK RD  
STE 300  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 42-1732737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EVANS, LAWRENCE S ESQ  
717 PONCE DE LEON BLVD  
STE 330  
CORAL GABLES, FL 33134 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:** D  
**Name:** COSTA, EDSON MR  
**Address:** 21W 46ST STE 1502 SOUTH  
**City-St-Zip:** NEW YORK CITY, NY 10036 US

**Title:** S  
**Name:** SOBRINHO, ANA BEATRIZ V MRS  
**Address:** 21W 46TH ST SUITE 1502 SOUTH  
**City-St-Zip:** NEW YORK CITY, NY 10036 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:** EDSON COSTA

D

01/31/2011

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

\_\_\_\_\_  
Date