

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067943

FILED  
Aug 16, 2012  
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:

717 PONCE DE LEON BLVD  
STE 330  
CORAL GABLES, FL 33134

## Current Mailing Address:

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

## New Mailing Address:

717 PONCE DE LEON BLVD  
STE 330  
CORAL GABLES, FL 33134

FEI Number: 42-1732737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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: AV GOIAS, 233 SL 12  
City-St-Zip: SAO CAETANO DO SUL, SP 09521-310 BR

Title: S  
Name: SOBRINHO, ANA BEATRIZ V MRS  
Address: AV GOIAS, 233 SL 12  
City-St-Zip: SAO CAETANO DO SUL, SP 09521-310 BR

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

08/16/2012

Electronic Signature of Signing Officer or Director

Date