

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095417

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DELRAY ADVANCED MEDICAL, INC.

## Current Principal Place of Business:

1836 S FEDERAL HWY  
DELRAY BEACH, FL 33483 US

## New Principal Place of Business:

## Current Mailing Address:

1836 S FEDERAL HWY  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

FEI Number: 26-0784343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARAN, DARIUSZ M  
2017 S OCEAN DRIVE  
203  
HALLANDALE, FL 33009 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: DP ( ) Delete  
Name: BARAN, DARIUSZ M  
Address: 2017 S OCEAN DRIVE, APT 203  
City-St-Zip: HALLANDALE, FL 33009 US

Title: DV ( ) Delete  
Name: JOCHIM, HIERONIM S  
Address: 10643 NW 32 COURT  
City-St-Zip: SUNRISE, FL 33351 US

Title: D ( ) Delete  
Name: BARAN, MAREK D  
Address: 2017 S OCEAN DRIVE, APT 203  
City-St-Zip: HALLANDALE, FL 33009 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition  
Name: JOCHIM, JOHN  
Address: 1836 S FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

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: MAREK D BARAN

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date