

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000109068

**Entity Name:** SENSOR MEDICS CORP

**FILED**  
**Jun 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

30103 S.W 159 CT.  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

30103 S.W 159 CT.  
HOMESTEAD, FL 33033

**New Mailing Address:**

2001 NE 40TH AVE  
HOMESTEAD, FL 33033

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORTES, JUAN P  
30103 S.W 159 CT  
HOMESTEAD, FL 33033 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: CEO  
Name: CORTES, JUAN P  
Address: 30103 S.W 159 CT  
City-St-Zip: HOMESTEAD, FL 33033

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: JUAN CORTES

CEO

06/14/2012

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

\_\_\_\_\_  
Date