

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000119043

Entity Name: MCLAREN MEDICAL INC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1602 ALTON RD  
SUITE 513  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1602 ALTON RD  
SUITE 513  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 26-2237816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARRIBAS III, RAFAEL L  
1602 ALTON RD  
SUITE 513  
MIAMI BEACH, FL 33139 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: P  
Name: ARIBAS III, RAFAEL L  
Address: 1602 ALTON RD SUITE 513  
City-St-Zip: MIAMI BEACH, FL 33139 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: RAFAEL L ARIBAS III

P

04/30/2012

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

\_\_\_\_\_  
Date