

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000119272

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** HAKKI MEDICAL TECHNOLOGIES, INC.

**Current Principal Place of Business:**

8547 MERRIMOOD BLVD., EAST  
LARGO, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

8547 MERRIMOOD BLVD., EAST  
LARGO, FL 33777 US

**New Mailing Address:**

**FEI Number:** 77-0703468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAKKY, BARBARA  
8547 MERRIMOOD BLVD., EAST  
LARGO, FL 33777 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:** DPT  
**Name:** HAKKY, SAID I  
**Address:** 8547 MERRIMOOD BLVD., EAST  
**City-St-Zip:** LARGO, FL 33777 US

**Title:** S  
**Name:** HAKKY, BARBARA  
**Address:** 8547 MERRIMOOD BLVD., EAST  
**City-St-Zip:** LARGO, FL 33777 US

**Title:** VP  
**Name:** DEL VECCHIO, JOSEPH L  
**Address:** 6203 VISTA VERDE COURT  
**City-St-Zip:** GULFPORT, FL 33707 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:** SAID HAKKY

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04/02/2010

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

\_\_\_\_\_  
Date