2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P08000076749

Entity Name: TRITON MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

4221 SE 53RD AVENUE UNIT G
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

PO BOX 6360
OCALA, FL 34478

New Mailing Address:

FEI Number: 26-3203485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHESHIRE, MELISSA A
4221 SE 53RD AVENUE, UNIT G
OCALA, FL 34480 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: PSTD
Name: CHESHIRE, JOHN M
Address: 4221 SE 53RD AVENUE UNIT G
City-St-Zip: OCALA, FL 34480

Title: S
Name: CHESHIRE, MELISSA A
Address: 4221 SE 53RD AVENUE UNIT G
City-St-Zip: OCALA, FL 34480

Title: V
Name: RILEY, SEAN
Address: 4221 SE 53RD AVENUE, UNIT G
City-St-Zip: OCALA, FL 34480

Title: T
Name: RILEY, KATHY
Address: 4221 SE 53RD AVENUE, UNIT G
City-St-Zip: OCALA, FL 34480

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: KATHY RILEY T 04/18/2011

Electronic Signature of Signing Officer or Director Date