

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085468

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: THE CAPSTONE MEDICAL PRODUCTS GROUP, INC.

## Current Principal Place of Business:

2334 N. W. 15TH PLACE  
GAINESVILLE, FL 32605

## New Principal Place of Business:

115 PATRIOT PLACE  
DOTHAN, AL 36305

## Current Mailing Address:

2334 N. W. 15TH PLACE  
GAINESVILLE, FL 32605

## New Mailing Address:

115 PATRIOT PLACE  
DOTHAN, AL 36305

FEI Number: 30-0504609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BABB, LYNN  
2334 N. W. 15TH PLACE  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

BABB, LYNN  
115 PATRIOT PLACE  
DOTHAN, FL 36305 US

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:

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BABB, LYNN  
Address: 2334 N. W. 15TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: BALANIS, SHARON  
Address: 3545 N.W. 63RD PLACE  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: STEPHENS, GREGORY  
Address: 115 PATRIOT PLACE  
City-St-Zip: DOTHAN, AL 36305

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BABB, LYNN  
Address: 115 PATRIOT PLACE  
City-St-Zip: DOTHAN, AL 36305

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

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

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: LYNN BABB

OFFI

06/24/2009

Electronic Signature of Signing Officer or Director

Date