

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000085468

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** THE CAPSTONE MEDICAL PRODUCTS GROUP, INC.

**Current Principal Place of Business:**

115 PATRIOT PLACE  
DOTHAN, AL 36305

**New Principal Place of Business:**

334 ALLEN RD  
PORTER CORNERS, NY 12859

**Current Mailing Address:**

115 PATRIOT PLACE  
DOTHAN, AL 36305

**New Mailing Address:**

334 ALLEN RD  
PORTER CORNERS, NY 12859

**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  
115 PATRIOT PLACE  
DOTHAN, FL 36305 US

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

BABB - STEPHENS, LYNN  
2446 NW 15 PLACE  
GAINESVILLE, FL 32605 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: LYNN BABB - STEPHENS

03/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BABB - STEPHENS, LYNN  
Address: 334 ALLEN RD  
City-St-Zip: PORTER CORNERS, NY 12859

Title: D  
Name: COLLINS, SHIRLEY L  
Address: 2446 NW 15 PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: STEPHENS, GREGORY  
Address: 334 ALLEN RD  
City-St-Zip: PORTER CORNERS, NY 12859

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: LYNN BABB - STEPHENS

MS

03/08/2011

Electronic Signature of Signing Officer or Director

Date