

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000021900

FILED
Apr 26, 2012
Secretary of State

Entity Name: MOSAIC MEDICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

5817 NW 44TH AVE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

5817 NW 44TH AVE
OCALA, FL 34482

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYRA P. MAHONEY, P.A.
3101 N FEDERAL HWY STE 401
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

RODGERS, KAREN
5817 NW 44TH AVE
OCALA, FL 34482 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: KAREN RODGERS

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: STOPANIO, ANGELA
Address: 5817 NW 44TH AVE
City-St-Zip: OCALA, FL 34482

Title: PD
Name: WHALEN, LUKE
Address: 5817 NW 44TH AVE
City-St-Zip: OCALA, FL 34482

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: ANGELA STOPANIO

D

04/26/2012

Electronic Signature of Signing Officer or Director

Date