## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000057120

Entity Name: HALTHION MEDICAL TECHNOLOGIES, INC.

FILED Jan 05, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8910 N DALE MABRY HWY 5100 W. KENNEDY BLVD

SUITE #6 SUITE 180 TAMPA, FL 33614 US TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

8910 N DALE MABRY HWY 5100 W. KENNEDY BLVD

SUITE #6 SUITE 180
TAMPA, FL 33614 US TAMPA, FL 33609 US

FEI Number: 27-0493658 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VERONA, BRETT A 3140 W KENNEDY BLVD SUITE 100 TAMPA, FL 33609 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PS

Name: PARKER, JOHN W III

Address: 5100 W. KENNEDY BLVD., SUITE 180

City-St-Zip: TAMPA, FL 33609 US

Title: [

Name: MCGUSTY, EDWIN

Address: 5100 W. KENNEDY BLVD., SUITE 180

City-St-Zip: TAMPA, FL 33609 US

Title: D

Name: VERONA, BRETT A ESQ.

Address: 3140 W KENNEDY BLVD., SUITE 100

City-St-Zip: TAMPA, FL 33609 US

Title: D

Name: ROBERTS, GREG

Address: 5100 W. KENNEDY BLVD., SUITE 180

City-St-Zip: TAMPA, FL 33609

Title:

Name: HUGHES, KEITH

Address: 5100 W. KENNEDY BLVD., SUITE 180

City-St-Zip: TAMPA, FL 33609

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: JOHN W. PARKER III P 01/05/2012