

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067351

Entity Name: CYBERDYNE MEDICAL, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

631 JAMESTOWN BLVD  
2203  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

631 JAMESTOWN BLVD  
2203  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 27-0720542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMK ACCOUNTING SERVICES INC  
274 WILSHIRE BLVD  
220  
CASSELBERRY, FL 32707 US

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

SMK ACCOUNTING SERVICES INC  
274 WILSHIRE BLVD  
221  
CASSELBERRY, FL 32707 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: STEVEN M. KLEINBERGER

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZUCCOLO, MICHAEL L  
Address: 631 JAMESTOWN BLVD, SUITE 2203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MICHAEL ZUCCOLO

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date