

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000076363

**FILED**  
**Feb 13, 2011**  
**Secretary of State**

**Entity Name:** PORTABLE HEALTH DEVICE, INC.

**Current Principal Place of Business:**

24856 ADAIR AVE.  
SORRENTO, FL 32776 US

**New Principal Place of Business:**

**Current Mailing Address:**

24856 ADAIR AVE.  
SORRENTO, FL 32776 US

**New Mailing Address:**

**FEI Number:** 27-1067146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINSON, JAMES K  
8606 ELBA WAY  
ORLANDO, FL 32810 US

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

PINSON, JAMES K  
24856 ADAIR AVE.  
SORRENTO, FL 32776 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: JAMES K PINSON

02/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: PINSON, JAMES K  
Address: 24856 ADAIR AVE.  
City-St-Zip: SORRENTO, FL 32776 US

Title: VP/D  
Name: PINSON, KIMBERLY L  
Address: 24856 ADAIR AVE.  
City-St-Zip: SORRENTO, FL 32776 US

Title: D  
Name: CULLOM, RANDY  
Address: 201 S. EAST STREET  
City-St-Zip: WARRENTON, MO 63383 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: JAMES K PINSON

PRES

02/13/2011

Electronic Signature of Signing Officer or Director

Date