

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000087479

**FILED**  
**Aug 24, 2012**  
**Secretary of State**

**Entity Name:** PROFOUND MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

7111 HIAWASSEE OVERLOOK DR.  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 691724  
ORLANDO, FL 32869

**New Mailing Address:**

**FEI Number:** 27-1105450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VANIWARDEN, TERRI M  
7111 HIAWASSEE OVERLOOK DR  
ORLANDO, FL 32835 US

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

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: PRES  
Name: ROMERO, RAFAEL JR.  
Address: 7111 HIAWASSEE OVERLOOK DR  
City-St-Zip: ORLANDO, FL 32835

Title: PRES  
Name: VANIWARDEN, TERRI M  
Address: 7111 HIAWASSEE OVERLOOK DR  
City-St-Zip: ORLANDO, FL 32835

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: TERRI VANIWARDEN

PRES

08/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date