

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000087791

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** PRESTIGE MEDICAL SYSTEMS INC.

**Current Principal Place of Business:**

9290 SW 66 STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9290 SW 66 STREET  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 27-1187114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, LISSA  
8290 SW 47 TERRACE  
MIAMI, FL 33155 US

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

GONZALEZ, LISSA  
9290 SW 66 STREET  
MIAMI, FL 33173 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

03/21/2012

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** NUNEZ, BLANCA  
**Address:** 8290 SW 47 TERRACE  
**City-St-Zip:** MIAMI, FL 33155

**Title:** BM  
**Name:** BECEIRO, GABRIELLE  
**Address:** 8290 SW 47 TERRACE  
**City-St-Zip:** MIAMI, FL 33155

**Title:** P  
**Name:** TORRES, LISSA  
**Address:** 9290 SW 66 STREET  
**City-St-Zip:** MIAMI, FL 33173

**Title:** BM  
**Name:** GONZALEZ, LISSA  
**Address:** 8290 SW 47 TERRACE  
**City-St-Zip:** MIAMI, FL 33155

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:** LISSA TORRES

PD

03/21/2012

Electronic Signature of Signing Officer or Director

Date