

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007375

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** SARASOTA MEDICAL PRODUCTS, INC.

**Current Principal Place of Business:**

1451 SARASOTA CENTER BLVD.  
SARASOTA, FL 34240

**New Principal Place of Business:**

1451 SARASOTA CENTER BLVD.  
SARASOTA, FL 34240 UN

**Current Mailing Address:**

1451 SARASOTA CENTER BLVD.  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 27-1723991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASWELL, CHRIS  
240 S PINEAPPLE AVE STE 802  
SARASOTA, FL 34236 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: P  
Name: LEISE, WALTER F III  
Address: 5317 FRUITVILLE RD #207  
City-St-Zip: SARASOTA, FL 34240 UN

Title: VPS  
Name: KEYES, DENIS  
Address: 8710 MIDNIGHT PASS RD. #301B  
City-St-Zip: SARASOTA, FL 34242

Title: VPS  
Name: LEISE, WALTER F JR  
Address: 11114 STAR RUSH PLACE  
City-St-Zip: BRANDENTON, FL 34211

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: WALTER F LEISE III

P

04/23/2012

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

\_\_\_\_\_ Date