

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000048258

Entity Name: PENDRAGON MEDICAL INC.

FILED
Mar 04, 2011
Secretary of State

Current Principal Place of Business:

3240 COCONUT GROVE RD.
LAND O LAKES, FL 34639 US

New Principal Place of Business:

2209 COLLIER PARKWAY
STE 53
LAND O LAKES, FL 34639 US

Current Mailing Address:

3240 COCONUT GROVE RD.
LAND O LAKES, FL 34639 US

New Mailing Address:

2209 COLLIER PARKWAY
STE 53
LAND O LAKES, FL 34639 US

FEI Number: 27-2793462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNMIRE, DAN
3240 COCONUT GROVE RD.
LAND O LAKES, FL 34639 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: GAMBLE, DAVID E
Address: 10074 CARILLON DR.
City-St-Zip: ELLICOT CITY, MD 21042 US

Title: VP
Name: MILLER, BRIAN S
Address: 3409 COURTYARD WAY
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: VP
Name: DUNMIRE, DAN
Address: 3240 COCONUT GROVE RD.
City-St-Zip: LAND O LAKES, FL 34639 US

Title: VP
Name: POSTELL, JOHNNY
Address: 1020 NORTH WEST 103RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33349 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: DANIEL W DUNMIRE

VP

03/04/2011

Electronic Signature of Signing Officer or Director

Date