

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055206

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** PCM MEDICAL WASTE RECYCLING INC.

**Current Principal Place of Business:**

8016 118TH AVENUE, NORTH  
LARGO, FL 33773

**New Principal Place of Business:**

6203 80TH AVE N  
PINELLA PARK, FL 33781

**Current Mailing Address:**

8016 118TH AVENUE, NORTH  
LARGO, FL 33773

**New Mailing Address:**

6203 80TH AVE N  
PINELLA PARK, FL 33781

**FEI Number:** 27-3108599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALONSO, JORGE F  
10224 FALCON TERRACE  
SEMINOLE, FL 33778 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: D  
Name: PENHALLEGON, WILLIAM M  
Address: 12209 SUNSHINE LANE  
City-St-Zip: TREASURE ISLAND, FL 33706

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: WILLIAM M PENHALLEGON

PRES

04/28/2011

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

\_\_\_\_\_  
Date