2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# P10000066302

Entity Name: DIVERSIFIED MEDICAL DEVICES, INC.

Current Principal Place of Business:

720 E. FLETCHER AVENUE
SUITE 203
TAMPA, FL 33612 US

New Principal Place of Business:

935 MAIN STREET
SUITE B2
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

720 E. FLETCHER AVENUE
SUITE 203
TAMPA, FL 33612 US

New Mailing Address:

935 MAIN STREET
SUITE B2
SAFETY HARBOR, FL 34695 US

FEI Number: 27-3229402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINARDOS, LENNY
720 E. FLETCHER AVENUE
SUITE 203
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

SMITH, GARY
935 MAIN STREET
SUITE B2
SAFETY HARBOR, FL 34695 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: GARY SMITH 03/14/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: SMITH, GARY M
Address: 2820 COBBLESTONE DRIVE
City-St-Zip: PALM HARBOR, FL 34684 US

Title: P
Name: LINARDOS, LENNY
Address: 1817 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

Title: SEC
Name: SMITH, GARY
Address: 2820 COBBLESTONE DRIVE
City-St-Zip: PALM HARBOR, FL 34684

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: GARY SMITH DIR 03/14/2011
Electronic Signature of Signing Officer or Director Date