

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072965

Entity Name: SP MEDICAL TECHNOLOGY, INC.

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1333 MAJESTY TERRACE  
WESTON, FL 33327 US

## **New Principal Place of Business:**

806 GOLDEN CANE DR  
WESTON, FL 33327 US

## **Current Mailing Address:**

1333 MAJESTY TERRACE  
WESTON, FL 33327 US

## **New Mailing Address:**

806 GOLDEN CANE DR  
WESTON, FL 33327 US

FEI Number: 27-0485968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RODRIGUEZ, SOLY A  
1333 MAJESTY TERRACE  
WESTON, FL 33327 US

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

RODRIGUEZ, SOLY A  
806 GOLDEN CANE DR  
WESTON, FL 33327 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: SOLY RODRIGUEZ

03/26/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, SOLY A  
Address: 806 GOLDEN CANE DR  
City-St-Zip: WESTON, FL 33327 US

Title: P  
Name: GIMENEZ, PATRICIA M  
Address: 806 GOLDEN CANE DR  
City-St-Zip: WESTON, FL 33327 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: SOLY RODRIGUEZ

MR

03/26/2012

Electronic Signature of Signing Officer or Director

Date