

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000096307

FILED  
Sep 08, 2011  
Secretary of State

**Entity Name:** GROWTH MEDICAL CORPORATION

**Current Principal Place of Business:**

8725 NW 18 TERRACE  
202  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

8725 NW 18 TERRACE  
202  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 27-4043916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGUDO, RICHARD D  
9031 SW 66 TERRACE  
MIAMI, FL 33173 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: LINAREZ, JOSE P  
Address: 8725 NW 18 TERRACE SUITE 202  
City-St-Zip: DORAL, FL 33172

Title: VP  
Name: LINAREZ, JUNIOR P  
Address: 8725 NW 18 TERRACE SUITE 202  
City-St-Zip: DORAL, FL 33172

Title: S  
Name: AGUDO, RICHARD D  
Address: 9031 SW 66 TERRACE  
City-St-Zip: MIAMI, FL 33173

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: RICHARD AGUDO

S

09/08/2011

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

\_\_\_\_\_  
Date