

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000056502

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** TECA MEDICAL ENTERPRISES INCORPORATED

**Current Principal Place of Business:**

24040 STATE ROAD 54  
SUITE 3  
LUTZ, FL 33559

**New Principal Place of Business:**

24834 STATE ROAD 54  
LUTZ, FL 33559

**Current Mailing Address:**

24040 STATE ROAD 54  
SUITE 3  
LUTZ, FL 33559

**New Mailing Address:**

24834 STATE ROAD 54  
LUTZ, FL 33559

**FEI Number:** 45-2619086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, ELLRIE C SR  
8061 SHENANDOAH RUN  
WESLEY CHAPEL, FL 33544 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: PRES  
Name: ALLEN, ELLRIE C SR  
Address: 8061 SHENANDOAH RUN  
City-St-Zip: WESLEY CHAPEL, FL 33544 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: ELLRIE C ALLEN

PRES

03/07/2012

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

\_\_\_\_\_  
Date