

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000062350

Entity Name: ARECA MEDICAL, INC.

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

221 E KALMIA DRIVE  
LAKE PARK, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

221 E KALMIA DRIVE  
LAKE PARK, FL 33403 US

**New Mailing Address:**

FEI Number: 45-2710684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERHACS, PABLO  
221 E KALMIA DRIVE  
LAKE PARK, FL 33403 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: PERHACS, PABLO  
Address: 221 E KALMIA DRIVE  
City-St-Zip: LAKE PARK, FL 33403 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: PABLO PERHACS

OFFI

04/28/2012

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

\_\_\_\_\_  
Date