

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000095268

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** TAMPA MEDICAL INNOVATIONS, INC.

**Current Principal Place of Business:**

15039 BLUE MARLIN TERRACE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

15039 BLUE MARLIN TERRACE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 45-3717308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

F&L CORP.  
ONE INDEPENDENT DRIVE STE 1300  
JACKSONVILLE, FL 32202 US

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

SPAHN, RICHARD A  
12700 SW 112TH ST ROAD  
DUNNELLON, FL 34432 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: RICHARD A SPAHN

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: KNAB, WILLIAM  
Address: 15039 BLUE MARLIN TERRACE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: WILLIAM KNAB

DCEO

04/20/2012

Electronic Signature of Signing Officer or Director

Date