

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083013

Entity Name: B & B MEDICAL, INC.

FILED  
Mar 15, 2011  
Secretary of State

## Current Principal Place of Business:

1897 PALM BECH LAKES BLVD.  
STE 120  
WEST PALM BEACH, FL 33409 US

## New Principal Place of Business:

## Current Mailing Address:

1897 PALM BECH LAKES BLVD.  
STE 120  
WEST PALM BEACH, FL 33409 US

## New Mailing Address:

FEI Number: 65-0459595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HABER, AUDREY PHD  
1897 PALM BEACH LAKES BLVD  
STE 120  
WEST PALM BEACH, FL 33409 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: PD  
Name: SCOTT, DAVID  
Address: C/O 1897 PALM BCH LAKES BLVD. NO. 120  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD  
Name: HABER, AUDREY PHD  
Address: C/O 1897 PALM BCH LAKES BLVD. NO 120  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T  
Name: JASSENOFF, JEROME  
Address: C/O 1897 PALM BEACH LAKES BLVD, NO 120  
City-St-Zip: WEST PALM BEACH, FL 33409

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: AUDREY HABER

SD

03/15/2011

Electronic Signature of Signing Officer or Director

Date