# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2005**
**Secretary of State**

DOCUMENT# P94000000827

**Entity Name:** BORON MEDICAL, INC.

**Current Principal Place of Business:**

P O BOX 07148
FT. MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 07148
FT. MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number: 65-0468085** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BORON, STEVEN H
12930 EAGLE POINT CIRCLE
FORT MYERS, FL 33913 US

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

BORON, STEVEN H
880 CYPRESS LAKE CIRCLE
FORT MYERS, FL 33919 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: 02/03/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: BORON, STEVEN H
Address: 12930 EAGLE POINTE CIRCLE
City-St-Zip: FT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: BORON, STEVEN H
Address: 880 CYPRESS LAKE CIRCLE
City-St-Zip: FT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN H. BORON P 02/03/2005
Electronic Signature of Signing Officer or Director Date