

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000001843

1. Entity Name
OSLER MEDICAL, INC.



Principal Place of Business
930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

Mailing Address
930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3297304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LENOCI, MARTIN A DPM
930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|----------------------------------|
| TITLE | D |
| NAME | SHAPIRO, DAVID M.D. |
| STREET ADDRESS | 930 S HARBOR CITY BLVD |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | D |
| NAME | LENOCI, MARTIN DPM |
| STREET ADDRESS | 930 S HARBOR CITY BLVD |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | D |
| NAME | WASSELLE, JOSEPH A M.D. |
| STREET ADDRESS | 930 S HARBOR CITY BLVD |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | D |
| NAME | FREEMAN, FRED MD |
| STREET ADDRESS | 930 S HARBOR CITY BLVD |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | DS |
| NAME | ATKINSON, ANDREW M |
| STREET ADDRESS | 930 S HARBOR CITY BLVD |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | O |
| NAME | MERCHBERGER, BRENDA ADMIN |
| STREET ADDRESS | 930 S HARBOR CITY BLVD |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda K. Merchberger
Brenda K. Merchberger

Date

Daytime Phone #

1/20/06 *321-725-5050*