

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000060338

1. Entity Name
SWEETWATER MEDICAL, INC.



Principal Place of Business
87899 OVERSEAS HWY
ISLAMORADA, FL 33036 US

Mailing Address
PO BOX 9720
TAVERNIER, FL 33070-9720

FILED
Jan 31, 2006 08:00 AM
Secretary of State



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0598837

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEST, CLEVELAND D
87899 OVERSEAS HWY
ISLAMORADA, FL 33036

**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

1100000411238
02/09/06-80069-015 150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME DOYLE, ROBERT E.
STREET ADDRESS 87899 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE VD
NAME BATTREALL, CATHY C.
STREET ADDRESS 87899 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE P
NAME WEST, CLEVELAND D.
STREET ADDRESS 87899 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #

CATHY BATTREALL 1/26/05 305
852 4393