

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**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**



01152008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**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	

04/22/08-80078-021 150.00

**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:**

*Cathy Battreall*

**CATHY BATTREALL**

**4-9-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #