

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089011

Entity Name: STEN-BARR MEDICAL, INC.

FILED  
May 14, 2007  
Secretary of State

## Current Principal Place of Business:

14350 CARLSON CIR  
TAMPA, FL 33626 US

## New Principal Place of Business:

## Current Mailing Address:

14350 CARLSON CIRCLE  
TAMPA, FL 33626 US

## New Mailing Address:

FEI Number: 59-3344100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARR, JOHN W  
17816 WILLOW LAKE DRIVE  
ODESSA, FL 33556 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: STENBERG, ANDREW  
Address: 4524 JUNIPER DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

Title: VTD ( ) Delete  
Name: BARR, JOHN W  
Address: 17816 WILLOW LAKE DR  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: JOINER, JOHN A  
Address: 203 FLAMINGO LANE  
City-St-Zip: MELBOURNE BEACH, FL 32951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN W. BARR

VTD

05/14/2007

Electronic Signature of Signing Officer or Director

Date