

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011231

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** AMERICAN BAROMEDICAL CORPORATION

**Current Principal Place of Business:**

2700 PGA BLVD.  
SUITE 104  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2700 PGA BLVD.  
SUITE 104  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 65-0813747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TEASLEY, STEPHANIE B  
2700 PGA BLVD  
SUITE 104  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: LOCKLEAR, HEATHER  
Address: 13613 62 CT N  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: P  
Name: PETERS, JOHN S  
Address: 2700 PGA BLVD, SUITE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP  
Name: TEASLEY, STEPHANIE B  
Address: 2700 PGA BLVD, SUITE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: JOHNSON, AL  
Address: 5231 BELLAIRE BLVD  
City-St-Zip: BELLAIRE, TX 77401

Title: D  
Name: LANGLEY, JENNIFER  
Address: 1041 CHERYL ROAD  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE B. TEASLEY

VP

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date