


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90024 024 ***150.00

DOCUMENT # P98000018519	
1. Entity Name PRECISION MEDICAL DEVICES, INC.	

Principal Place of Business 2727 OAKLAND PARK AVENUE, SUITE 307 FORT LAUDERDALE FL 33306	Mailing Address 2727 OAKLAND PARK AVENUE, SUITE 307 FORT LAUDERDALE FL 33306
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2. Principal Place of Business 2727 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 304c	3. Mailing Address P.O. Box 480191 Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL Zip 33306 Country USA	City & State Ft. Lauderdale, FL Zip 33348-0191 Country USA

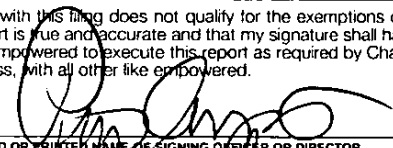
2nd MOORE CR2E034 (4/06)

4. FEI Number 65-0910677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAYET, PETER 2727 OAKLAND PARK AVENUE, SUITE 307 FORT LAUDERDALE FL 33306	
7. Name and Address of New Registered Agent Name Address Correction Street Address (P.O. Box Number is Not Acceptable) 2727 E. Oakland Park Boulevard Suite 304c City Ft. Lauderdale FL Zip Code 33306	

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. Address Correction	SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 07-15-06
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FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAYET, PETER H 2727 OAKLAND PARK AVENUE, SUITE 307 FORT LAUDERDALE FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 07-15-06 Daytime Phone # 954-565-4580