## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000018519

Entity Name: PRECISION MEDICAL DEVICES, INC.

FILED Jun 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2727 E. OAKLAND PARK BLVD. 2727 E. OAKLAND PARK BLVD.

SUITE 304C SUITE 307

FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 480191

FORT LAUDERDALE, FL 333480191

FEI Number: 65-0910677 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SAYET, PETER SAYET, PETER

2727 OAKLAND PARK AVENUE, SUITE 304C 2727 OAKLAND PARK AVENUE

FORT LAUDERDALE, FL 33306 SUITE 307

FORT LAUDERDALE, FL 33306 US

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: 06/25/2009

> 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

SAYET, PETER H Name: Name: SAYET, PETER H

2727 E. OAKLAND PARK BLVD SUITE 304C Address: 2727 E. OAKLAND PARK BLVD SUITE 307 Address:

City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: FORT LAUDERDALE, FL 33306

Title: Title: () Change () Addition () Delete

FRANCISCO, TEJADR Name: Name: 6880 SW 132ND STREET Address: Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: () Change () Addition

HERBERT, KAROL Name: Name: 23343 BLUE WATER CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33433 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: PETER SAYET PD 06/25/2009