# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 21, 2011**
**Secretary of State**

DOCUMENT# P98000018519

**Entity Name:** PRECISION MEDICAL DEVICES, INC.

**Current Principal Place of Business:**

2727 E. OAKLAND PARK BLVD.
SUITE 307
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 480191
FORT LAUDERDALE, FL 333480191

**New Mailing Address:**

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

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

SAYET, PETER
2727 OAKLAND PARK BOULEVARD
SUITE 307
FORT LAUDERDALE, FL 33306 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: PD
Name: SAYET, PETER H
Address: 2727 E. OAKLAND PARK BLVD SUITE 307
City-St-Zip: FORT LAUDERDALE, FL 33306

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

Title: D
Name: MITCHELL, YELEN
Address: 3225 AVIATION AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D
Name: KRESTOW, VICTOR
Address: 7 N.W. 183RD STREET
City-St-Zip: MIAMI, FL 33169

Title: CFO
Name: HARVEY, MUSKAT
Address: 3225 AVIATION AVENUE
City-St-Zip: MIAMI, FL 33133

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: PETER H. SAYET P 02/21/2011

Electronic Signature of Signing Officer or Director — Date