

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018519

FILED  
Jan 09, 2012  
Secretary of State

**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 SAYET

MR.

01/09/2012

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

\_\_\_\_\_  
Date