

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020648

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** MARINA MEDICAL INSTRUMENTS, INC.

**Current Principal Place of Business:**

955 SHOTGUN ROAD  
SUNRISE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

955 SHOTGUN ROAD  
SUNRISE, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0823108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRON, ALEXANDER  
955 SHOTGUN ROAD  
SUNRISE, FL 33326 US

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

BARRON, ALEXANDER H  
955 SHOTGUN ROAD  
SUNRISE, FL 33326 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: ALEXANDER H BARRON

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ZINNANTI, MARINA C  
Address: 955 SHOTGUN ROAD  
City-St-Zip: SUNRISE, FL 33326

Title: CEO  
Name: BARRON, ALEXANDER H  
Address: 955 SHOTGUN ROAD  
City-St-Zip: SUNRISE, FL 33326

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: ALEXANDER BARRON

CEO

01/09/2012

Electronic Signature of Signing Officer or Director

Date