

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000039005

Entity Name: CORSIL MEDICAL C.A., INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

1011 FAIRFAX LANE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1011 FAIRFAX LANE
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0831667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNYDER, DAVID M
1011 FAIRFAX LANE
FT. LAUDERDALE, FL 33326 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: SNYDER, DAVID M
Address: 1011 FAIRFAX LANE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: SILVA, BETTY
Address: 1011 FAIRFAX LANE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DAVID M SNYDER

_____ Electronic Signature of Signing Officer or Director

P

04/17/2009

_____ Date