

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051427

FILED  
Feb 23, 2012  
Secretary of State

Entity Name: ROCHESTER ELECTRO-MEDICAL, INC.

**Current Principal Place of Business:**

4212 CYPRESS GULCH DR.  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

4212 CYPRESS GULCH DR.  
LUTZ, FL 33559

**New Mailing Address:**

FEI Number: 41-1234098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOROWITZ, MITCHELL I  
501 EAST KENNEDY BOULEVARD  
SUITE 1700  
TAMPA, FL 33602 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: D  
Name: BERKINS, ALAYNE R  
Address: 4212 CYPRESS GULCH DRIVE  
City-St-Zip: LUTZ, FL 33559

Title: C  
Name: BERKINS, CHARLES C  
Address: 4212 CYPRESS GULCH DRIVE  
City-St-Zip: LUTZ, FL 33559

Title: ST  
Name: NOVORSKA, LISA B  
Address: 4212 CYPRESS GULCH DRIVE  
City-St-Zip: LUTZ, FL 33559

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: LISA B. NOVORSKA

ST

02/23/2012

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

\_\_\_\_\_  
Date