

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000052786

Entity Name: CCR MEDICAL, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

967 43 AVE NE  
ST PETERSBURG, FL 33703 US

**New Principal Place of Business:**

**Current Mailing Address:**

967 43 AVE NE  
ST PETERSBURG, FL 33703 US

**New Mailing Address:**

FEI Number: 59-3519648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARSTAD, ROBIN L  
967 43 AVE NE  
ST PETERSBURG, FL 33703 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: VPT  
Name: HARSTAD, CHARLES M  
Address: 967 43 AVENUE NE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: PS  
Name: HARSTAD, ROBIN L  
Address: 967 43 AVE NE  
City-St-Zip: ST PETERSBURG, FL 33703

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: ROBIN L. HARSTAD

PRES

04/20/2011

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

\_\_\_\_\_  
Date