

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012801

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: HURRICANE MEDICAL, INC.

**Current Principal Place of Business:**

5315 LENA ROAD  
BRADENTON, FL 34211

**New Principal Place of Business:**

**Current Mailing Address:**

5315 LENA ROAD  
BRADENTON, FL 34211

**New Mailing Address:**

FEI Number: 65-0891574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLAPP, DAVID A  
2606 BRICE LANE  
SARASOTA, FL 34231      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: DV ( ) Delete  
Name: CLAPP, DAVID A  
Address: 2606 BRICE LAND  
City-St-Zip: SARASOTA, FL 34231

Title: DT ( ) Delete  
Name: PIKE, GARY K  
Address: 12600 UPPER MANATEE RD.  
City-St-Zip: BRADENTON, FL 34212

Title: DP ( ) Delete  
Name: BAULSLAUGH, DELL  
Address: 8351 WHISPERING WOODS COURT  
City-St-Zip: BRADENTON, FL 34202

Title: DS ( ) Delete  
Name: PIKE, JAMES C  
Address: 407 133 RD STREET E  
City-St-Zip: BRADENTON, FL 34212

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: GARY K PIKE

DT

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date