

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000033437

Entity Name: WESTON MED, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17120 ROYAL PALM BLVD  
STE 4  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

17120 ROYAL PALM BLVD  
STE 4  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 65-0938091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CALLE, PHANOR  
17120 ROYAL PALM BLVD  
SUITE 4  
WESTON, 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: CALLE, PHANOR DR.  
Address: 17120 ROYAL PALM BLVD  
City-St-Zip: WESTON, 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: PHANOR CALLE

PVST

04/26/2011

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

\_\_\_\_\_  
Date