

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111221

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CIRQUE MEDICAL, INCORPORATED

## Current Principal Place of Business:

5865 SW 108TH STREET  
MIAMI, FL 33156

## New Principal Place of Business:

24614 DEER TRACE DR.  
PONTE VEDRA, FL 32082

## Current Mailing Address:

5865 SW 108TH STREET  
MIAMI, FL 33156

## New Mailing Address:

24614 DEER TRACE DR.  
PONTE VEDRA, FL 32082

FEI Number: 65-0972973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEONE, JAMES E  
5865 SW 108TH STREET  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

LEONE, JOHN  
4496 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216 US

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: JOHN LEONE

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEONE, JAMES E  
Address: 5865 SW 108TH STREET  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: DYE, KENNETH R  
Address: 1130 KINGS RD  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: D ( ) Delete  
Name: LEONE, BRUCE J  
Address: P.O. BOX 551391  
City-St-Zip: JACKSONVILLE, FL 322551391

Title: D ( ) Delete  
Name: FINEGLASS, NEIL  
Address: 752 SHIPWATCH DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: AGNEW, RICHARD C  
Address: 3595 UNIVERSITY BLVD. S STE 602  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEONE, JAMES E  
Address: 24614 DEER TRACE DRIVE  
City-St-Zip: PONTE VEDRA, FL 32082

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

Title: DR (X) Change ( ) Addition  
Name: LEONE, BRUCE J  
Address: P.O. BOX 551391  
City-St-Zip: JACKSONVILLE, FL 322551391

Title: DR (X) Change ( ) Addition  
Name: FINEGLASS, NEIL  
Address: 752 SHIPWATCH DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DR (X) Change ( ) Addition  
Name: AGNEW, RICHARD C  
Address: 3595 UNIVERSITY BLVD. S STE 602  
City-St-Zip: JACKSONVILLE, FL 32216

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: JAMES E. LEONE

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date