

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S35580

Entity Name: HSI MEDICAL INC.

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3492 SW 15TH STREET  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

10755 NW 55 ST  
CORAL SPRINGS, FL 33076 US

**Current Mailing Address:**

10755 NW 55 ST  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

FEI Number: 65-0245480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOIS GOLDSTEIN  
3492 SW 15 STR  
DEERIFELD BEACH, FL 33442 US

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

LOIS GOLDSTEIN  
10755 NW 55 ST  
CORAL SPRINGS, FL 33076 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/22/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GOLDSTEIN, LOIS  
Address: 10755 NW 55 ST  
City-St-Zip: CORAL SPRINGS, FL 33076

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: LOIS GOLDSTEIN

MRS

04/22/2011

Electronic Signature of Signing Officer or Director

Date