

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90035 004 \*\*\*150.00

**DOCUMENT # S39145**

1. Entity Name  
**PRECISION MEDICAL, INC.**



Principal Place of Business  
**9216 PALM RIVER RD  
SUITE 205  
TAMPA, FL 33619**

Mailing Address  
**9216 PALM RIVER RD  
SUITE 205  
TAMPA, FL 33619**

**66420593**



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3060620**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLS, FREDERICK J ESQ  
C/O MORRISON & MILLS, PA  
1200 WEST PLATT STREET SUITE 100  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	ETHERIDGE, GEORGE W.
STREET ADDRESS	9216 PALM RIVER RD
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	STD
NAME	ETHERIDGE, LISA O.
STREET ADDRESS	9216 PALM RIVER RD
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP SALES
NAME	CHARLES MIRABELLA
STREET ADDRESS	9216 PALM RIVER ROAD #205
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP SALES
NAME	FRANK ROBINSON
STREET ADDRESS	9216 PALM RIVER RD #205
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP SALES
NAME	JOHN HAWKINS
STREET ADDRESS	9216 PALM RIVER RD #205
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 813-246-5737

(X-300)