

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39145

FILED
Jan 07, 2011
Secretary of State

Entity Name: PRECISION MEDICAL, INC.

Current Principal Place of Business:

9216 PALM RIVER RD
SUITE 205
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

9216 PALM RIVER RD
SUITE 205
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3060620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 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: PSD
Name: ETHERIDGE, GEORGE W.
Address: 9216 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619

Title: STD
Name: ETHERIDGE, LISA O.
Address: 9216 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619

Title: VS
Name: MIRABELLA, CHARLES
Address: 9216 PALM RIVER ROAD # 205
City-St-Zip: TAMPA, FL 33619

Title: VS
Name: ROBINSON, FRANK
Address: 9216 PALM RIVER ROAD # 205
City-St-Zip: TAMPA, FL 33619

Title: VS
Name: HAWKINS, JOHN
Address: 9216 PALM RIVER ROAD # 205
City-St-Zip: TAMPA, FL 33619

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: GEORGE MITSEAS

GM

01/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date