

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39145

FILED  
Jan 23, 2012  
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

01/23/2012

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

\_\_\_\_\_  
Date