

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V71862

Entity Name: D.M.I. MEDICAL INC.

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3141 NW 78 AVE  
DAVIE, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

4611 S UNIVERSITY DR  
SUITE 435  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 65-0369518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAYTON, SILVIA Z  
4611 S UNIVERSITY DR  
SUITE 435  
DAVIE, FL 33328 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: P  
Name: LAYTON, SILVIA Z  
Address: 4611 S UNIVERSITY DR SUITE 435  
City-St-Zip: DAVIE, FL 33328

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: SILVIA Z LAYTON

P

03/23/2011

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

\_\_\_\_\_  
Date