

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143348

FILED
May 03, 2010
Secretary of State

Entity Name: CR MEDICAL, INC.

Current Principal Place of Business:

1500 WESTON RD, SUITE 200-5
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1500 WESTON RD, SUITE 200-5
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-3686761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENTZ, MIGUEL
1255 SW 114TH WAY
DAVIE, FL 33325 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS
Name: ROMERO, ARELYS
Address: 1844 LIGHTHOUSE COURT
City-St-Zip: WESTON, FL 33327

Title: DVPT
Name: JIMENEZ, MARIA A
Address: 1844 LIGHTHOUSE COURT
City-St-Zip: WESTON, FL 33327

Title: D
Name: JENTZ, MIGUEL R
Address: 1255 SW 114TH WAY
City-St-Zip: DAVIE, FL 33325

Title: D
Name: YANES, ROSA L
Address: 1844 LIGHTHOUSE COURT
City-St-Zip: WESTON, FL 33327

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: MIGUEL JENTZ

D

05/03/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date