

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143348

Entity Name: CR MEDICAL, INC.

FILED  
Apr 28, 2011  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1500 WESTON RD, SUITE 200  
WESTON, FL 33326

**Current Mailing Address:**

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

**New Mailing Address:**

1500 WESTON RD, SUITE 200  
WESTON, FL 33326

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

**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 R. JENTZ

D

04/28/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date