

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000090544

**FILED**  
**Jan 25, 2015**  
**Secretary of State**  
**CC3314458117**

**Entity Name:** ALTRA MEDICAL CORPORATION

**Current Principal Place of Business:**

9105 BELCHER ROAD  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

9743 SAGO POINT DRIVE  
LARGO, FL 33777

**FEI Number:** 59-3671562

**Certificate of Status Desired:** Yes

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

ROBERTS, LESLIE O  
9743 SAGO POINT DRIVE  
LARGO, FL 33777 US

*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

**Officer/Director Detail :**

Title	P	Title	T
Name	ROBERTS, LESLIE O	Name	ROBERTS, WILLIAM J
Address	9743 SAGO POINT DRIVE	Address	9743 SAGO POINT DRIVE
City-State-Zip:	LARGO FL 33777	City-State-Zip:	LARGO FL 33777

*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:** LESLIE O. ROBERTS

**PRESIDENT**

**01/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date