

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000026585

**Entity Name:** FULCRUM MEDICAL, INC.

**Current Principal Place of Business:**

1666 GRANDIFLORA AVENUE  
CLERMONT, FL 34711

**Current Mailing Address:**

1666 GRANDIFLORA AVENUE  
CLERMONT, FL 34711

**FEI Number:** 94-3477916

**Certificate of Status Desired:** Yes

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

CUMMINS, RYAN  
1666 GRANDEFLORA AVENUE  
CLERMONT, FL 34711 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 DP  
Name CUMMINS, RYAN  
Address 1666 GRANDIFLORA AVENUE  
City-State-Zip: CLERMONT FL 34711

*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:** RYAN CUMMINS

**DIRECTOR/PRESIDENT**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date