

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000071437

Entity Name: SCORPION MEDICAL, INC

Current Principal Place of Business:

5817 NW 44TH AVENUE
OCALA, FL 34482

Current Mailing Address:

5817 NW 44TH AVENUE
OCALA, FL 34482

FEI Number: 27-4250776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODGERS, KAREN
5817 NW 44TH AVENUE
OCALA, FL 34482 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 PD
Name WHALEN, LUKE
Address 5817 NW 44TH AVENUE
City-State-Zip: Ocala FL 34482

Title DT
Name STOPANIO, ANGIE
Address 5817 NW 44TH AVENUE
City-State-Zip: Ocala FL 34482

Title COMPTROLLER
Name RODGERS, KAREN
Address 14879 SW 39TH CIR
City-State-Zip: Ocala FL 34473

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: KAREN RODGERS

COMPTROLLER

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date