

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005263

Entity Name: CMF MEDICON SURGICAL INC.**Current Principal Place of Business:**11200 ST JOHNS INDUSTRIAL PKWY
STE 5 & 6 NORTH
JACKSONVILLE, FL 32246**Current Mailing Address:**2317 BLANDING BLVD. #206
JACKSONVILLE, FL 32210**FEI Number:** 20-4950687**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIM, WILMOTH
2317 BLANDING BLVD
SUITES 206
JACKSONVILLE, FL 32210 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	DIRECTOR
Name	WENZLER, PETER
Address	MEDICON EG, GANSAECKER 15
City-State-Zip:	TUTTLINGEN GERMANY D-78532

Title	DIRECTOR
Name	KREIDLER, EBERHARD
Address	MEDICON EG, GANSAECKER 15
City-State-Zip:	TUTTLINGEN GERMANY D-78532

Title	EXECUTE VICE PRESIDENT / SECRETARY
Name	BACHER, RAINER
Address	11200 ST JOHNS INDUSTRIAL PKWY N ST 5 & 6
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR / PRESIDENT
Name	SCHMID, JOACHIM
Address	MEDICON EG, GANSAECKER 15
City-State-Zip:	TUTTLINGEN GERMANY D-78532

Title	DIRECTOR
Name	MITTERMUELLER, THOMAS
Address	MEDICON EG, GANSAECKER 15
City-State-Zip:	TUTTLINGEN GERMANY D-78532

Title	ASSISTANT SECRETARY
Name	ZELLER, MICHAEL E.
Address	MEDICON EG, GANSAECKER 15
City-State-Zip:	TUTTLINGEN GERMANY D-78532

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: JOACHIM SCHMID**PRESIDENT****03/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date