

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000041500

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

**Current Principal Place of Business:**

2718 BRICKTON NORTH DRIVE  
BUFORD, GA 30518

**Current Mailing Address:**

POST OFFICE BOX 626  
BUFORD, GA 30515

**FEI Number: 56-2344963**

**Certificate of Status Desired: No**

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

WEIDENMILLER, CASEY KESQ.  
5150 N TAMiami TRAIL  
SUITE 603  
NAPLES, FL 34103 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            PRES  
Name            ROBERTS, FREDERICK  
Address        POST OFFICE BOX 626  
City-State-Zip: BUFORD GA 30515

*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: FREDERICK ROBERTS**

**PRESIDENT**

**02/19/2013**

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

\_\_\_\_\_  
Date