

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004835

**FILED**  
**Feb 11, 2009**  
**Secretary of State**

**Entity Name:** NONLINEAR MEDICINE, INC.

**Current Principal Place of Business:**

2300 NW CORPORATE BLVD STE 123  
BOCA RATON, FL 33431

**New Principal Place of Business:**

2300 NW CORPORATE BLVD STE 123  
BOCA RATON, FL 33431

**Current Mailing Address:**

2300 NW CORPORATE BLVD STE 123  
BOCA RATON, FL 33431

**New Mailing Address:**

2300 NW CORPORATE BLVD STE 123  
BOCA RATON, FL 33431

FEI Number: 02-0701258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FATER, DAVID H  
2300 NW CORPORATE BLVD STE 123  
BOCA RATON, FL 33431 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FATER, DAVID H  
Address: 2300 NW CORPORATE BLVD STE 123  
City-St-Zip: BOCA RATON, FL 33431

Title: DS ( ) Delete  
Name: ANCHIN, JERRY M  
Address: 2300 NW CORPORATE BLVD STE 123  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID H FATER

CEO

02/11/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date