2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L51044

Entity Name: PULSE MEDICAL, INC.

Current Principal Place of Business:

4131 SW 47TH AVE
SUITE 1404
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4131 SW 47TH AVE.
SUITE 1404
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0175251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOYCE, GORDON
4131 S.W. 47TH AVE.
SUITE #1404
DAVIE, FL 33314 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: V ( ) Delete
Name: BOYCE, GORDON
Address: 10505 N.W. 5TH CT.
City-St-Zip: PLANTATION, FL

Title: P ( ) Delete
Name: BOYCE, BARBARA
Address: 10505 N.W. 5TH CT.
City-St-Zip: PLANTATION, FL

Title: S ( ) Delete
Name: BOYCE, BARB
Address: 10505 NW 5TH CR
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: BOYCE, BARBARA
Address: 10505 NW 5TH CR
City-St-Zip: PLANTATION, FL 33324

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: BARBARA BOYCE PRES 04/20/2009

Electronic Signature of Signing Officer or Director — Date