# 2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Dec 10, 2012**
**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:**

1130 ADA STREET
SUITE B
BLUE RIDGE, GA 30513 US

**Current Mailing Address:**

1130 ADA STREET
SUITE B
BLUE RIDGE, GA 30513 US

**New Mailing Address:**

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

**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:**

BOYCE, GORDON
1130 ADA STREET
SUITE B
BLUE RIDGE, FL 30513 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: GORDON BOYCE 12/10/2012
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: V
Name: BOYCE, GORDON
Address: 1130 ADA STREET SUITE B
City-St-Zip: BLUE RIDGE, GA 30513

Title: P
Name: BOYCE, BARBARA
Address: 1130 ADA STREET SUITE B
City-St-Zip: BLUE RIDGE, GA 30513

Title: S
Name: BOYCE, BARBARA
Address: 1130 ADA STREET SUITE B
City-St-Zip: BLUE RIDGE, GA 30513

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: BARBARA BOYCE P 12/10/2012
Electronic Signature of Signing Officer or Director Date