## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000057120

Entity Name: HALTHION MEDICAL TECHNOLOGIES, INC.

FILED Jan 17, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

23110 STATE ROAD 54 8910 N DALE MABRY HWY

#346 SUITE #6

LUTZ, FL 33549 US TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

23110 STATE ROAD 54 8910 N DALE MABRY HWY #346 SUITE #6

LUTZ, FL 33549 US TAMPA, FL 33614 US

FEI Number: 27-0493658 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VERONA, BRETT A
400 N. ASHLEY DRIVE
SUITE 2010
TAMPA, FL 33602 US

VERONA, BRETT A
3140 W KENNEDY BLVD
SUITE 100
TAMPA, FL 33609 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: 01/17/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: MCGUSTY, EDWIN A

Address: 8910 N DALE MABRY HWY, SUITE #6

City-St-Zip: TAMPA, FL 33614 US

Title: VP

Name: PARKER, JOHN W III

Address: 8910 N DALE MABRY HWY, SUITE #6

City-St-Zip: TAMPA, FL 33614 US

Title:

Name: VERONA, BRETT A ESQ.

Address: 8910 N DALE MABRY HWY, SUITE #6

City-St-Zip: TAMPA, FL 33614 US

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: EDWIN MCGUSTY P 01/17/2011