

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002445

Entity Name: 180 MEDICAL, INC.**Current Principal Place of Business:**5324 WEST RENO
SUITE A
OKLAHOMA CITY, OK 73127**Current Mailing Address:**5324 WEST RENO
SUITE A
OKLAHOMA CITY, OK 73127 US**FEI Number:** 13-4211220**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	CFO
Name	LUMBAR, FRANK L
Address	5324 WEST RENO SUITE A
City-State-Zip:	OKLAHOMA CITY OK 73127

Title	COO, DIRECTOR
Name	HOWELL, RONALD D
Address	5324 WEST RENO SUITE A
City-State-Zip:	OKLAHOMA CITY OK 73127

Title	PRESIDENT, DIRECTOR, CEO
Name	BROWN, DANIEL T
Address	5324 WEST RENO SUITE A
City-State-Zip:	OKLAHOMA CITY OK 73127

Title	SECRETARY, TREASURER, DIRECTOR
Name	CANNON, JOHN PETER
Address	5324 WEST RENO SUITE A
City-State-Zip:	OKLAHOMA CITY OK 73127

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: FRANK L. LUMBAR

CFO

04/25/2014

Electronic Signature of Signing Officer/Director Detail_____
Date