

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002445

Entity Name: 180 MEDICAL, INC.**Current Principal Place of Business:**5324 WEST RENO STE A
OKLAHOMA CITY, OK 73127**Current Mailing Address:**5324 WEST RENO STE 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 STE A
City-State-Zip: OKLAHOMA CITY OK 73127

Title PCEO
Name BROWN, DANIEL T
Address 5324 WEST RENO STE A
City-State-Zip: OKLAHOMA CITY OK 73127

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

Title S/D
Name BORKOWSKI, EDWARD J
Address 200 HEADQUARTERS PARK DR.
City-State-Zip: SKILLMAN NJ 08558

Title AS/D
Name WINSTON, TIMOTHY M
Address 5324 WEST RENO STE 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

04/21/2013

Electronic Signature of Signing Officer/Director Detail_____
Date