

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006392

Entity Name: ZEE MEDICAL, INC.

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

22 CORPORATE PARK  
IRVINE, CA 926065105

## New Principal Place of Business:

## Current Mailing Address:

ONE POST STREET, 33RD FLOOR  
ATTN: ANNE J. SHUFORD  
SAN FRANCISCO, CA 94104

## New Mailing Address:

ONE POST STREET, 33RD FLOOR  
ATTN: MELISSA WU  
SAN FRANCISCO, CA 94104

FEI Number: 95-2703273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PD ( ) Delete  
Name: BROWNE, FRED J  
Address: 22 CORPORATE PARK  
City-St-Zip: IRVINE, CA

Title: SVP ( ) Delete  
Name: BOSS, LARRY  
Address: 22 CORPORATE PARK  
City-St-Zip: IRVINE, CA

Title: DVS ( ) Delete  
Name: VEACO, KRISTINA  
Address: ONE POST ST  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: V ( ) Delete  
Name: KLEIN, COLLIN  
Address: 22 CORPORATE PARK  
City-St-Zip: IRVINE, CA

Title: AS ( ) Delete  
Name: SHUFORD, ANNE J  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VTD ( ) Delete  
Name: LOIACONO, NICHOLAS A  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: SWANK, CARA  
Address: 22 CORPORATE PARK  
City-St-Zip: IRVINE, CA

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

Title: AS (X) Change ( ) Addition  
Name: WU, MELISSA  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MELISSA WU

AS

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date