

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 26, 2009
Secretary of State**

DOCUMENT# F01000006392

Entity Name: ZEE MEDICAL, INC.

Current Principal Place of Business:

22 CORPORATE PARK
IRVINE, CA 92606

New Principal Place of Business:

Current Mailing Address:

ONE POST STREET, 35TH FLOOR
ATTN: KAREN PINEDA
SAN FRANCISCO, CA 94104

New Mailing Address:

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
SUITE 105
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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FELTON, JEFFREY A
Address: 22 CORPORATE PARK
City-St-Zip: IRVINE, CA 92606

Title: VPF () Delete
Name: SWANK, CARA
Address: 22 CORPORATE PARK
City-St-Zip: IRVINE, CA 92606

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

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

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 94104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURKE, LAWRENCE J
Address: 22 CORPORATE PARK
City-St-Zip: IRVINE, CA 92606

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

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

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

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 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

08/26/2009

Electronic Signature of Signing Officer or Director

Date