

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006392

FILED  
May 01, 2012  
Secretary of State

Entity Name: ZEE MEDICAL, INC.

**Current Principal Place of Business:**

22 CORPORATE PARK  
IRVINE, CA 92606 22

**New Principal Place of Business:**

**Current Mailing Address:**

ONE POST STREET, 35TH FLOOR  
ATTN: KAREN PINEDA  
SAN FRANCISCO, CA 94104 22

**New Mailing Address:**

22 CORPORATE PARK  
IRVINE, CA 92606 22

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  
Name: BURKE, LAWRENCE J  
Address: 22 CORPORATE PARK  
City-St-Zip: IRVINE, CA 92606

Title: VSD  
Name: BOGAN, WILLIE C  
Address: ONE POST ST  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VTD  
Name: LOIACONO, NICHOLAS A  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

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: WILLIE C BOGAN

VSD

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date