

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001467

Entity Name: SEMPERMED USA, INC.

FILED
Jan 11, 2010
Secretary of State

Current Principal Place of Business:

13900 49TH ST N
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

13900 49TH ST N
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3505750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: HARRIS, WILLIAM E III
Address: 13900 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

Title: VS
Name: EYE, BRIAN K
Address: 13900 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

Title: D
Name: SINCHAROENKUL, VIYAVOOD DR.
Address: 10 SOI 10 PHETKASEM ROAD
City-St-Zip: HATYAI, SONGIKHLA, THAILAND,

Title: D
Name: SINCHAROENKUL, PROMSUK .
Address: 10 SOI 10 PHETKASEM ROAD
City-St-Zip: HATYAI, SONGIKHLA, THAILAND,

Title: D
Name: SINCHAROENKUL, KITTICHAJ .
Address: 42/2 SUTHISARN KUA KWANG
City-St-Zip: BANGKOK, THAILAND,

Title: D
Name: CHERDKIATGUMCHAI, POONSUK .
Address: 42/2 SUTHISARN KUA KWANG
City-St-Zip: BANGKOK, THAILAND,

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: BRIAN K. EYE

VS

01/11/2010

Electronic Signature of Signing Officer or Director

Date