2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001467

Entity Name: SEMPERMED USA, INC.

FILED Jan 03, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13900 49TH ST N CLEARWATER, FL 33762

Current Mailing Address: New Mailing Address:

13900 49TH ST N CLEARWATER, FL 33762

FEI Number: 59-3505750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

HARRIS, WILLLIAM E III Name: 13900 49TH ST N Address:

City-St-Zip: CLEARWATER, FL 33762 US

Title: ٧S

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

Title:

SINCHAROENKUL, VIYAVOOD DR. Name: 10 SOI 10 PHETKASEM ROAD Address: City-St-Zip: HATYAI, SONGKHLA, XX THAILAND

Title:

SINCHAROENKUL, VEERASITH Name: Address: 10 SOI 10 PHETKASEM ROAD City-St-Zip: HATYAI, SONGKHLA, XX THAILAND

Title:

Name: SINCHAROENKUL, KITICHAI 10 SOI 10 PHETKASEM ROAD Address: City-St-Zip: HATYAI, SONGKHLA, XX THAILAND

Title:

Name: LEE, PAUL SUMADE

10 SOI 10 PHETKASEM ROAD Address: City-St-Zip: HATYAI, SONGKHLA, XX 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 01/03/2012