

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006382

Entity Name: ARGON MEDICAL DEVICES, INC.

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

1445 FLAT CREEK ROAD  
ATHENS, TX 75751

## New Principal Place of Business:

## Current Mailing Address:

272 EAST DEERPATH RD. #316  
LAKE FOREST, FL 60045

## New Mailing Address:

272 EAST DEERPATH RD. #316  
LAKE FOREST, IL 60045

FEI Number: 20-0281046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT 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: D ( ) Delete  
Name: DAMICO, JOE  
Address: 272 EAST DEERPATH RD #350  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: SISTERMAN, ROGER  
Address: 272 EAST DEERPATH RD #350  
City-St-Zip: LAKE FOREST, IL 60045

Title: PD ( ) Delete  
Name: MOONEY, PAUL  
Address: 272 EAST DEERPATH RD #350  
City-St-Zip: LAKE FOREST, IL 60045

Title: VP ( ) Delete  
Name: MCNALLY, SHARON  
Address: 272 EAST DEERPATH RD #350  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: KUHR, LEN  
Address: 272 EAST DEERPATH ROAD #350  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: MCGINLEY, JACK  
Address: 272 EAST DEERPATH ROAD #350  
City-St-Zip: LAKE FOREST, IL 60045

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition  
Name: HUDSON, MIKE  
Address: 272 EAST DEERPATH RD #350  
City-St-Zip: LAKE FOREST, IL 60045

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: SHARON MCNALLY

VP

06/15/2009

Electronic Signature of Signing Officer or Director

Date