

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005074

Entity Name: BARRX MEDICAL, INC.

FILED
Mar 16, 2007
Secretary of State

Current Principal Place of Business:

540 OAKMEAD PARKWAY
SUNNYVALE, CA 94085

New Principal Place of Business:

Current Mailing Address:

540 OAKMEAD PARKWAY
SUNNYVALE, CA 94085

New Mailing Address:

FEI Number: 82-0587169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: DP () Delete
Name: BARRETT, GREGORY A
Address: 540 OAKMEAD PKWY
City-St-Zip: SUNNYVALE, CA 940854022

Title: D () Delete
Name: DOUGLAS, DAVID
Address: 3000 SAND HILL ROAD, BLDG. 1, STE. 135
City-St-Zip: MENLO PARK, CA 94025

Title: D () Delete
Name: EVERY, NATHAN R MD
Address: 601 UNION STREET, SUITE 3200
City-St-Zip: SEATTLE, WA 98101

Title: D () Delete
Name: GANZ, ROBERT D MD
Address: 15700 37TH AVENUE NORTH, SUITE 30
City-St-Zip: PLYMOUTH, MN 55446

Title: VP () Delete
Name: BOURQUIN, RONALD E
Address: 540 OAKMEAD PKWY
City-St-Zip: SUNNYVALE, CA 940854022

Title: S () Delete
Name: MCGLYNN, CASEY J ESQ.
Address: 650 PAGE MILL ROAD
City-St-Zip: PALO ALTO, CA 94301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: GREGORY A BARRETT

DP

03/16/2007

Electronic Signature of Signing Officer or Director

Date