2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005074

Entity Name: BARRX MEDICAL, INC.

FILED Feb 24, 2010 Secretary of State

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

540 OAKMEAD PARKWAY SUNNYVALE, CA 94085

Current Mailing Address: New Mailing Address:

540 OAKMEAD PARKWAY SUNNYVALE, CA 94085

FEI Number: 82-0587169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 US

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: DF

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

Title: [

Name: DOUGLAS, DAVID

Address: 3000 SAND HILL ROAD, BLDG. 1, STE. 135

City-St-Zip: MENLO PARK, CA 94025

Title: D

Name: EVERY, NATHAN R MD

Address: 601 UNION STREET, SUITE 3200

City-St-Zip: SEATTLE, WA 98101

Title: [

Name: GANZ, ROBERT D MD

Address: 15700 37TH AVENUE NORTH, SUITE 30

City-St-Zip: PLYMOUTH, MN 55446

Title: VP

 Name:
 SHORT, RICHARD

 Address:
 425 NAVARO WAY # 118

 City-St-Zip:
 SAN JOSE, CA 95134

Title: S

Name: SAUL, DAVID

Address: 81 DEVONSHIRE CIRCLE City-St-Zip: SAN CARLOS, CA 94070

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: RICHARD SHORT VP 02/24/2010