

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005074

Entity Name: BARRX MEDICAL, INC.

FILED
Jun 15, 2011
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

OFFICERS AND DIRECTORS:

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

Title: D
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: D
Name: BATES, MICHAEL A
Address: 540 OAKMEAD PKWY
City-St-Zip: SUNNYVALE, CA 94085

Title: VP
Name: SHORT, RICHARD
Address: 540 OAKMEAD PKWY
City-St-Zip: SUNNYVALE, CA 94085

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

CFO

06/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date