

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007752

Entity Name: PARAGON MEDICAL, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

8 MATCHETT INDUSTRIAL PARK DRIVE
PIERCETON, IN 46562

New Principal Place of Business:

2733 NW 19TH STREET
POMPAHO BEACH, FL 33069

Current Mailing Address:

8 MATCHETT INDUSTRIAL PARK DRIVE
PIERCETON, IN 46562

New Mailing Address:

FEI Number: 35-1831457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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: VPT () Delete
Name: YINGLING, DEBRA F
Address: 8 MATCHETT INDUSTRIAL PARK DRIVE
City-St-Zip: PIERCETON, IN 46562

Title: C () Delete
Name: BUCK, TOBIAS W
Address: 8 MATCHETT INDUSTRIAL PARK DRIVE
City-St-Zip: PIERCETON, IN 46562

Title: D () Delete
Name: COLMAN, CORY D
Address: 8 MATCHETT INDUSTRIAL PARK DRIVE
City-St-Zip: PIERCETON, IN 46562

Title: D () Delete
Name: CROSSNICKLE, STEVEN
Address: 8 MATCHETT INDUSTRIAL PARK DRIVE
City-St-Zip: PIERCETON, IN 46562

Title: D () Delete
Name: HORN, LEON
Address: 8 MATCHETT INDUSTRIAL PARK DRIVE
City-St-Zip: PIERCETON, IN 46562

Title: D () Delete
Name: MCGILL, GARY D
Address: 8 MATCHETT INDUSTRIAL PARK DRIVE
City-St-Zip: PIERCETON, IN 46562

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: D (X) Change () Addition
Name: GROSSNICKLE, STEVEN
Address: 8 MATCHETT INDUSTRIAL PARK DRIVE
City-St-Zip: PIERCETON, IN 46562

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: ROB YANTZ

CONT

04/29/2008

Electronic Signature of Signing Officer or Director

Date