2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2008
Secretary of State

DOCUMENT# F07000004901

Entity Name: ABSOLUTE MEDICAL USA, INC.

Current Principal Place of Business:

1212 SOUTH SECOND STREET
CABOT, AR 72023

New Principal Place of Business:

2693 SOUTH SECOND STREET
CABOT, AR 72023

Current Mailing Address:

1212 SOUTH SECOND STREET
CABOT, AR 72023

New Mailing Address:

2693 SOUTH SECOND STREET
CABOT, AR 72023

FEI Number: 20-8001507 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WOOSLEY, DAVID
Address: 36 SHENANDOAH WAY
City-St-Zip: CABOT, AR 72023

Title: DST ( ) Delete
Name: WOOSLEY, KIM
Address: 36 SHENANDOAH WAY
City-St-Zip: CABOT, AR 72023

Title: DVP ( ) Delete
Name: VANN, DAVID
Address: 705 LINDA LANE
City-St-Zip: CABOT, AR 72023

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:

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: DAVID WOOSLEY DP 09/23/2008

Electronic Signature of Signing Officer or Director Date