

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001546

Entity Name: ACORN BIOMEDICAL, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

% 612 SE 5TH AVENUE
STE 3
FORT LAUDERDALE, FL 33301

Current Mailing Address:

% 612 SE 5TH AVENUE
STE 3
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

612 SE 5TH AVENUE
STE 3
FORT LAUDERDALE, FL 33301

New Mailing Address:

612 SE 5TH AVENUE
STE 3
FORT LAUDERDALE, FL 33301

FEI Number: 26-1426386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULMAN, RICHARD C JR.
612 SE 5TH AVENUE
STE 3
FORT LAUDERDALE, FL 33301 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: CVP () Delete
Name: JACOBS, ALAN MD PH.D
Address: 836 KNOLL DRIVE
City-St-Zip: SAN CARLOS, CA 94070

Title: VCPD () Delete
Name: HARDY, REGINALD
Address: 612 SE 5TH AVENUE, STE 3
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T () Delete
Name: COOMBS, GERARD
Address: 612 SE 5TH AVENUE, STE 3
City-St-Zip: FORT LAUDERDALE, FL 33301

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: REGINALD HARDY

MR

03/02/2009

Electronic Signature of Signing Officer or Director

Date