2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2009
Secretary of State

DOCUMENT# F08000003979

Entity Name: IMPEDIMED, INC.

Current Principal Place of Business:

5959 CORNERSTONE COURT STE 100
SAN DIEGO, CA 92121

New Principal Place of Business:

5959 CORNERSTONE COURT STE 100
SAN DIEGO, CA 92121 US

Current Mailing Address:

5959 CORNERSTONE COURT STE 100
SAN DIEGO, CA 92121

New Mailing Address:

FEI Number: 98-0376225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C ( ) Delete
Name: BRIDGES, MEL
Address: UNIT 1 50 PARKER COURT
City-St-Zip: PINKENA, QLD 4008,

Title: VCP ( ) Delete
Name: BROWN, GREG
Address: 5959 CORNERSTONE COURT STE 100
City-St-Zip: SAN DIEGO, CA 92121

Title: V ( ) Delete
Name: BUTLER, JACK
Address: 2850 CLOVER STREET
City-St-Zip: PITTSFORD, NY 14534

Title: TCFO ( ) Delete
Name: AUCKLAND, PHILLIP
Address: 5959 CORNERSTONE COURT STE 100
City-St-Zip: SAN DIEGO, CA 92121

Title: COOS ( ) Delete
Name: AUCKLAND, PHILLIP
Address: 5959 CORNERSTONE COURT STE 100
City-St-Zip: SAN DIEGO, CA 92121

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: ( ) 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: BRUCE CAIRNEY ACCN 08/26/2009

Electronic Signature of Signing Officer or Director Date