

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000373

Entity Name: SRS MEDICAL CORP

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8672 154TH AVE NE  
REDMOND, WA 98052

**New Principal Place of Business:**

**Current Mailing Address:**

8672 154TH AVE NE  
REDMOND, WA 98052

**New Mailing Address:**

FEI Number: 91-1184530

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 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CONNOLLY, KEVIN M  
Address: 76 TREBLE COVE RD., BLDG. #3  
City-St-Zip: NORTH BILLERICA, MA 01862

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: KEVIN M. CONNOLLY

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date