2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2010
Secretary of State

DOCUMENT# F09000000758

Entity Name: MEDICAL DEVICES INC

Current Principal Place of Business:

4600 140TH AVE. NORTH, SUITE 200
CLEARWATER, FL 33762

New Principal Place of Business:

4600 140TH AVE. NORTH
SUITE 200
CLEARWATER, FL 33762

Current Mailing Address:

4600 140TH AVE. NORTH, SUITE 200
CLEARWATER, FL 33762

New Mailing Address:

4600 140TH AVE. NORTH
SUITE 200
CLEARWATER, FL 33762

FEI Number: 80-0345577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBB, MARK
4600 140TH AVE. NORTH, SUITE 200
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

COBB, MARK
4600 140TH AVE. NORTH
SUITE 200
CLEARWATER, FL 33762 US

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: 03/22/2010
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: COBB, MARK
Address: 4600 140TH AVE. NORTH, SUITE 200
City-St-Zip: CLEARWATER, FL 33762

Title: SD
Name: CIBAS, JONAS
Address: 4600 140TH AVE. NORTH, SUITE 200
City-St-Zip: CLEARWATER, FL 33762

Title: VP D
Name: PETERSON, CRISTEN R
Address: 4600 140TH AVE. NORTH, SUITE 200
City-St-Zip: CLEARWATER, FL 33762

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: MARK D. COBB P 03/22/2010
Electronic Signature of Signing Officer or Director — Date