2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004865

Entity Name: NEXGEN MEDICAL SYSTEMS, INC.

Apr 22, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10471 DOUBLE R BLVD., SUITE C 10471 DOUBLE R BLVD., SUITE A RENO, NV 89521

RENO, NV 89521

Current Mailing Address: New Mailing Address:

10471 DOUBLE R BLVD., SUITE C 10471 DOUBLE R BLVD., SUITE A

RENO, NV 89521 RENO, NV 89521 US

FEI Number: 83-0383426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

KUCHARCZYK, JOHN Name:

10471 DOUBLE R BLVD., SUITE A Address:

City-St-Zip: RENO, NV 89521 US

Title:

Name: KUCHARCZYK, JOHN

10471 DOUBLE R BLVD., SUITE A Address:

RENO, NV 89521 US City-St-Zip:

Title:

KUCHARCZYK, JOHN Name:

10471 DOUBLE R BLVD., SUITE A Address:

City-St-Zip: RENO, NV 89521 US

Title:

LATCHAW, JOHN Name:

Address: 10471 DOUBLE R BLVD., SUITE A

City-St-Zip: RENO, NV 89521 US

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: JOHN KUCHARCZYK Ρ 04/22/2010