2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 10, 2010
Secretary of State

DOCUMENT# F09000004865

Entity Name: NEXGEN MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: KUCHARCZYK, JOHN
Address: 10471 DOUBLE R BLVD., SUITE A
City-St-Zip: RENO, NV 89521 US

Title: S
Name: KUCHARCZYK, JOHN
Address: 10471 DOUBLE R BLVD., SUITE A
City-St-Zip: RENO, NV 89521 US

Title: C
Name: KUCHARCZYK, JOHN
Address: 10471 DOUBLE R BLVD., SUITE A
City-St-Zip: RENO, NV 89521 US

Title: D
Name: LATCHAW, RICHARD
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: JULIE ERICKSON / THIRD PARTY DESIGNEE DESI 05/10/2010

Electronic Signature of Signing Officer or Director — Date