

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004865

FILED
Jan 04, 2011
Secretary of State

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: J. KUCHARCZYK

CEO

01/04/2011

Electronic Signature of Signing Officer or Director

Date