2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

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Entity Name: VIVAX MEDICAL CORPORATION

Current Principal Place of Business:

89 PUTTER LANE
TORRINGTON, CT 06790

New Principal Place of Business:

Current Mailing Address:

89 PUTTER LANE
TORRINGTON, CT 06790

New Mailing Address:

FEI Number: 11-2674603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C
Name: JORGE, ARLINDO
Address: 318 MILL HILL ROAD
City-St-Zip: MILL NECK, NY 11765

Title: VC
Name: PLAUMANN, MARK
Address: 340 PEMBERWICK ROAD
City-St-Zip: GREENWICH, CT 06831

Title: D
Name: SMITS, HELEN
Address: 29 FENWOOD ROAD
City-St-Zip: OLD SAYBROOK, CT 06475

Title: P
Name: SWANSON, RICHARD
Address: 161 KNOLLWOOD DRIVE
City-St-Zip: STRATFORD, CT 06614

Title: S
Name: NASH, HAROLD J
Address: 68 BARRY LANE EAST
City-St-Zip: OLD BETHPAGE, NY 11804

Title: T
Name: PLAUMANN, MARK
Address: 340 PEMBERWICK ROAD
City-St-Zip: GREENWICH, CT 06831

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD SWANSON PRES 04/21/2011

Electronic Signature of Signing Officer or Director — Date