

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004467

FILED
Jan 03, 2012
Secretary of State

Entity Name: NFOCUS NEUROMEDICAL, INC.

Current Principal Place of Business:

2191 E BAYSHORE RD SUITE 100
PALO ALTO, CA 94303

New Principal Place of Business:

Current Mailing Address:

2191 E BAYSHORE RD SUITE 100
PALO ALTO, CA 94303

New Mailing Address:

FEI Number: 94-3275698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: CCEO
Name: MILLEDGE, ERIC
Address: 2191 E BAYSHORE RD SUITE 100
City-St-Zip: PALO ALTO, CA 94303

Title: DP
Name: DIECK, MARTIN
Address: 2191 E BAYSHORE RD SUITE 100
City-St-Zip: PALO ALTO, CA 94303

Title: D
Name: QUY, ROGER J
Address: 2191 E BAYSHORE RD SUITE 100
City-St-Zip: PALO ALTO, CA 94303

Title: S
Name: MCGLYNN, J. CASEY
Address: 2191 E BAYSHORE RD SUITE 100
City-St-Zip: PALO ALTO, CA 94303

Title: TCFO
Name: PAPP, JILL
Address: 2191 E BAYSHORE RD SUITE 100
City-St-Zip: PALO ALTO, CA 94303

Title: D
Name: IMRAN, MIR A
Address: 2191 E BAYSHORE RD SUITE 100
City-St-Zip: PALO ALTO, CA 94303

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: JILL PAPP

CFO

01/03/2012

Electronic Signature of Signing Officer or Director

Date