

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004029

Entity Name: GENEVA MEDICAL INC.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

10180 RIVERSIDE DR #5  
PALM BCH GARDENS, FL 33410

## New Principal Place of Business:

## Current Mailing Address:

2571 KANEVILLE CT  
GENEVA, IL 60134 US

## New Mailing Address:

FEI Number: 59-1420886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

McFARLANE, RICHARD H  
10180 RIVERSIDE DR #5  
PALM BCH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V (X) Delete  
Name: KENSETH, RONALD D  
Address: W9425 RIPLEY ROAD  
City-St-Zip: CAMBRIDGE, WI 53523

Title: DCP ( ) Delete  
Name: McFARLANE, RICHARD H  
Address: 1190 SINGER DR  
City-St-Zip: RIVIERA BCH, FL 33404

Title: COB ( ) Delete  
Name: McFARLANE, GARY G  
Address: 2100 S OCEAN LANE, APT 1705  
City-St-Zip: FORT LAUDERDALE, FL 333163827

Title: VS ( ) Delete  
Name: McFARLANE, MATTHEW S  
Address: 39 W 551 WALT WHITMAN RD  
City-St-Zip: SAINT CHARLES, IL 60175

Title: VT ( ) Delete  
Name: BRIZUELA, RAUL N  
Address: 39W 716 HENRY DAVID THOREAU PL  
City-St-Zip: SAINT CHARLES, IL 60175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAUL N. BRIZUELA

VT

01/08/2009

Electronic Signature of Signing Officer or Director

Date