2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2003
Secretary of State

DOCUMENT# F99000000461

Entity Name: LYNX MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

15325 SE 30TH PLACE #200
BELLEVUE, WA 98007

New Principal Place of Business:

Current Mailing Address:

15325 SE 30TH PLACE #200
BELLEVUE, WA 98007

New Mailing Address:

FEI Number: 91-1263758 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete
Name: SMITH, MASON A MD
Address: 15325 SE 30TH PLACE #200
City-St-Zip: BELLEVUE, WA 98007

Title: D ( ) Delete
Name: SMITH, NANCY K
Address: 15325 SE 30TH PLACE #200
City-St-Zip: BELLEVUE, WA 98007

Title: D ( ) Delete
Name: MOOREHEAD, JOHN MD
Address: 15325 SE 30TH PLACE #200
City-St-Zip: BELLEVUE, WA 98007

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MASON A. SMITH, MD PDST 06/01/2003

Electronic Signature of Signing Officer or Director — Date