2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006430

Entity Name: DISETRONIC MEDICAL SYSTEMS INC.

FILED Mar 09, 2010 Secretary of State

Current Principal Place of Business: New	Principal Place of Business:
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11800 EXIT FIVE PARKWAY BLDG. U U FISHERS, IN 46038

Current Mailing Address: New Mailing Address:

11800 EXIT FIVE PARKWAY BLDG. U U FISHERS, IN 46038

FEI Number: 41-1694999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATON SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Name: WILSON, SCOTT D Address: 9115 HAGUE ROAD City-St-Zip: INDIANAPOLIS, IN 46256

Title: S

Name: GAGEL, LYNN
Address: 9115 HAGUE ROAD
City-St-Zip: INDIANAPOLIS, IN 46256

Title: GEN

Name: OLDHAM, STEVE A Address: 9115 HAGUE ROAD City-St-Zip: INDIANAPOLIS, IN 46256

Title: DIRE

 Name:
 HUBBARD, SCOTT E

 Address:
 9115 HAGUE

 City-St-Zip:
 INDIANAPOLIS, IN 79581

Title: TREA

Name: PETROVIC, WILLIAM M Address: 9115 HAGUE ROAD City-St-Zip: INDIANAPOLIS, IN 46256

Title: DIRE

Name: VIERSTRAETE, LUC 0 Address: 9115 HAGUE ROAD City-St-Zip: INDIANAPOLIS, IN 46256

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: SCOTT D. WILSON VP 03/09/2010