2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069032

Entity Name: PALM HARBOR MEDICAL, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:		
2997 POST TARPON S							
Current Mailing Address:				New Mailing Addre	New Mailing Address:		
2997 POST TARPON S							
FEI Number:	59-3657491	FEI Num	ber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:		
VAN MEER 2997 POST TARPON S	ROCK CC		US				
The above in the State		ty submits th	is statement for the	ourpose of changing its registe	red office or registered agent, or both,		
SIGNATUR	E:						
Electronic Signature of Registered Agent				ent	Date		
Election Cam	paign Finan	cing Trust Fur	d Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	PD VAN MEER,	() Delete GARY		Title: Name:	() Change () Addition		

2997 POST ROCK COURT

Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 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: GARY VAN MEER MR 04/08/2009