2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106018

Entity Name: SEBA MEDICAL, INC.

City-St-Zip:

ORLANDO, FL 32819

FILED May 19, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
SUITE 50-	CTOR PHILLIP -211 D, FL 32819	S BLVD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 50-	CTOR PHILLIP -211 D, FL 32819	S BLVD			
FEI Number	: 59-3681088	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:		
	Y, TED ANDON CIRC D, FL 32836	LE US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KURINSKY, TH	R PHILLIPS BLVD, SUITE 50-211	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARDOON, AE	PHILLIPS BLVD, SUITE 50-211	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARDOON, BA	R PHILLIPS BLVD, SUITE 50-211	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	HARDOON, EF) Delete RIC R PHILLIPS BLVD, SUITE 50-211	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ERIC HARDOON D 05/19/2008