2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106018

Entity Name: SEBA MEDICAL. INC

HARDOON, ERIC

ORLANDO, FL 32819

7512 DOCTOR PHILLIPS BLVD, SUITE 50-211

Name:

Address:

City-St-Zip:

FILED Apr 11, 2009 Secretary of State

	Mer OLB/(IVI	EBIONE, HVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 50-	TOR PHILLIP 211), FL 32819	S BLVD			
Current Mailing Address:			New Mailing Address:		
SUITE 50-	TOR PHILLIP 211), 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 o	Name and Address of New Registered Agent:	
	Y, TED ANDON CIRC), FL 32836	ELE US	KURINSKY, TED 10040 BRANDON CIR ORLANDO, FL 32836		
	named entity of Florida	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/11/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KURINSKY, TI	R PHILLIPS BLVD, SUITE 50-211	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARDOON, AI	R PHILLIPS BLVD, SUITE 50-211	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARDOON, B	R PHILLIPS BLVD, SUITE 50-211	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VD () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC HARDOON D 04/11/2009