2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P01000122488

Entity Name: DIVERSIFIED MEDICAL PRODUCTS, INC.

Current Principal Place of Business:

3450 SOUTH OCEAN BOULEVARD
SUITE 415
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

PO BOX 2869
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 01-0567383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSSMAN, BERNARD
3450 SOUTH OCEAN BOULEVARD
SUITE 415
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

SAMSON, FRANCINE
3450 SOUTH OCEAN BOULEVARD
SUITE 415
PALM BEACH, FL 33480 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: FRANCINE SAMSON 06/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SUSSMAN, BERNARD
Address: 3450 SOUTH OCEAN BOULEVARD, STE. 415
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: SUSSMAN, FRANCINE S
Address: 3450 SOUTH OCEAN BOULEVARD, STE. 415
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: SUSSMAN, BERNARD
Address: 3450 SOUTH OCEAN BOULEVARD, STE. 415
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change ( ) Addition
Name: SAMSON, FRANCINE S
Address: 3450 SOUTH OCEAN BOULEVARD, STE. 415
City-St-Zip: PALM BEACH, FL 33480

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: FRANCINE SAMSON D 06/16/2009
Electronic Signature of Signing Officer or Director Date