2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
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:

SAMSON, FRANCINE
3450 SOUTH OCEAN BOULEVARD
SUITE 415
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: PRES
Name: SAMSON, FRANCINE S
Address: 3450 SOUTH OCEAN BOULEVARD, STE. 415
City-St-Zip: PALM BEACH, FL 33480

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: FRANCINE SAMSON PRES 03/16/2011

Electronic Signature of Signing Officer or Director — Date