

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000014438

Entity Name: EPS MEDICAL DEVICES, INC.

FILED
Sep 19, 2006
Secretary of State

Current Principal Place of Business:

8475 WESTERN WAY
SUITE 150
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 600888
JACKSONVILLE, FL 32260

New Principal Place of Business:

4600 TOUCHTON ROAD
BLDG 100, SUITE 150
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3755381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSAY, ALBERT
14455 CHERRY LAKE DR E
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

RAMSAY, ALBERT
14466 CHERRY LAKE DR E
JACKSONVILLE, FL 32258 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:

09/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: RAMSAY, ALBERT
Address: 14466 CHERRY LAKE DR E
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD () Delete
Name: ELLIS, MARTIN
Address: 14510 FENNEY COURT
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT RAMSAY

P

09/19/2006

Electronic Signature of Signing Officer or Director

Date