

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055400

Entity Name: ORCHID MEDICAL INC.

FILED  
Jan 07, 2010  
Secretary of State

## Current Principal Place of Business:

401 N MILLS AVE  
SUITE B  
ORLANDO, FL 32803

## New Principal Place of Business:

100 W LUCERNE CIRCLE  
SUITE 500  
ORLANDO, FL 32801

## Current Mailing Address:

P.O. BOX 560370  
ORLANDO, FL 32856

## New Mailing Address:

FEI Number: 02-0631799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARWILE, BRIAN L  
401 N MILLS AVE  
SUITE B  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

CARWILE, BRIAN L  
100 W LUCERNE CIRCLE  
SUITE 500  
ORLANDO, FL 32801 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:

01/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D  
Name: CARWILE, BRIAN  
Address: P.O. BOX 560370  
City-St-Zip: ORLANDO, FL 32856

Title: D  
Name: TAYLOR, PAUL J  
Address: P.O. BOX 560370  
City-St-Zip: ORLANDO, FL 32856

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: BRIAN L CARWILE

D

01/07/2010

Electronic Signature of Signing Officer or Director

Date