2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# P02000055400

Entity Name: ORCHID MEDICAL INC.

Current Principal Place of Business:

100 W LUCERNE CIRCLE
SUITE 500
ORLANDO, FL 32801

New Principal Place of Business:

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
100 W LUCERNE CIRCLE
SUITE 500
ORLANDO, FL 32801 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: 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 01/10/2011

Electronic Signature of Signing Officer or Director — Date