

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004090

FILED
Jun 03, 2004
Secretary of State

Entity Name: BRS MEDICAL, INC.

Current Principal Place of Business:

809 CARDINAL AVE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

809 CARDINAL AVE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 16-1649050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, BRYANT
809 CARDINAL AVE
PALM HARBOR, FL 34683 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

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: P,S () Delete
Name: SULLIVAN, BRYANT
Address: 809 CARDINAL AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VP (X) Delete
Name: CHISHOLM, RON
Address: 3595 WHISPERING OAKS LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: VP (X) Delete
Name: SPALDING, STEVE
Address: 3333 WINDCHIME DRIVE WEST
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: BRYANT SULLIVAN

P

06/03/2004

Electronic Signature of Signing Officer or Director

_____ Date