2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2012
Secretary of State

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Entity Name: INTEGRALMEDICA USA CORP.

Current Principal Place of Business:

7655 COURTYARD RUN
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

7655 COURTYARD RUN
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 56-2383418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID, GINSBURG
7655 COURTYARD RUN
BOCA RATON, FL 33433 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: P
Name: INTEGRALMEDICA S/A AGRICULTURA E PESQUISA
Address: RUA BENTO ROTGER DOMINGUES, 1007
City-St-Zip: EMBU GUACU, SP 08900-000 BR

Title: VP
Name: SILVA, EUCLESIO B
Address: 6131 SAINT IVES BLVD
City-St-Zip: ORLANDO, FL 32819 US

Title: VP
Name: BRAGANCA, TANIA M
Address: RUA BENTO ROTGER DOMINGUES, 1007
City-St-Zip: EMBU GUACU, SP 08900 BR

Title: DT
Name: SILVA, FILIPE B
Address: RUA BENTO ROTGER DOMINGUES, 1007
City-St-Zip: EMBU GUACU, SP 08900 BR

Title: DS
Name: SILVA, ANNA B
Address: RUA BENTO ROTGER DOMINGUES, 1007
City-St-Zip: EMBU GUACU, SP 08900 BR

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: EUCLESIO B SILVA VP 04/28/2012

Electronic Signature of Signing Officer or Director Date