# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Dec 15, 2009**
**Secretary of State**

DOCUMENT# P03000157002

**Entity Name:** RYVMED MEDICAL PRODUCTS, INC.

**Current Principal Place of Business:**

10783 TEA OLIVE LANE
BOCA RATON, FL 33498 US

**New Principal Place of Business:**

**Current Mailing Address:**

10783 TEA OLIVE LANE
BOCA RATON, FL 33498 US

**New Mailing Address:**

**FEI Number: 20-0512424** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REIVER, ADAM P
10783 TEA OLIVE LANE
BOCA RATON, FL 33498 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: CEO ( ) Delete
Name: REIVER, BONNIE A
Address: 10783 TEA OLIVE LANE
City-St-Zip: BOCA RATON, FL 33498 US

Title: P (X) Delete
Name: REIVER, ADAM P
Address: 10783 TEA OLIVE LANE
City-St-Zip: BOCA RATON, FL 33498 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: REIVER, ADAM P
Address: 10783 TEA OLIVE LANE
City-St-Zip: BOCA RATON, FL 33498 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ADAM REIVER PRES 12/15/2009

Electronic Signature of Signing Officer or Director Date