2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006355

Entity Name: STRUCTURE MEDICAL, INC.

FILED Jan 08, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2975 S. HORSESHOE DRIVE, STE. 400 2975 S. HORSESHOE DRIVE NAPLES, FL 34104

STE #400

NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

2975 S. HORSESHOE DRIVE, STE. 400 2975 S. HORSESHOE DRIVE NAPLES, FL 34104

STE #400

NAPLES, FL 34104

FEI Number: 20-0554041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

NOVATT, JEFF M NOVATT, JEFF M

821 FIFTH AVENUE SOUTH, STE #201 821 FIFTH AVENUE SOUTH, STE. 201

NAPLES, FL 34102 NAPLES, FL 34102 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: 01/08/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ZAISER, LENOIR E SR. Name:

550 ADMIRALTY PARADE WEST Address:

City-St-Zip: NAPLES, FL 34102

Title:

Name: ZAISER, LENOIR E JR.

2975 S. HORSESHOE DRIVE, STE #400 Address:

NAPLES, FL 34104 US City-St-Zip:

Title: CFO

ROBERT, EMERIC A Name:

2975 S. HORSESHOE DRIVE, STE #400 Address:

City-St-Zip: NAPLES, FL 34104 US

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: EMERIC ROBERT **CFO** 01/08/2010