2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P06000140906

Entity Name: LIGHTSTREAM MEDICAL, INC.

Current Principal Place of Business:

12505 ORANGE DR., STE 904
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12505 ORANGE DR., STE 904
DAVIE, FL 33330

New Mailing Address:

FEI Number: 20-5847514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDIVIESO, CHERI LYNN
12505 ORANGE DR., STE 904
DAVIE, FL 33330 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: PD
Name: VALDIVIESO, DANTE
Address: 12505 ORANGE DR., STE 904
City-St-Zip: DAVIE, FL 33330

Title: VD
Name: VALDIVIESO, CHERI LYNN
Address: 12505 ORANGE DR., STE 904
City-St-Zip: DAVIE, FL 33330

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: CHERI VALDIVIESO VP 04/20/2011

Electronic Signature of Signing Officer or Director Date