2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# P07000095417

Entity Name: DELRAY ADVANCED MEDICAL, INC.

Current Principal Place of Business:

1836 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

1836 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 26-0784343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARAN, DARIUSZ M
2017 S OCEAN DRIVE
203
HALLANDALE, FL 33009 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: DP ( ) Delete
Name: BARAN, DARIUSZ M
Address: 2017 S OCEAN DRIVE, APT 203
City-St-Zip: HALLANDALE, FL 33009 US

Title: DV (X) Delete
Name: JOCHIM, HIERONIM S
Address: 10643 NW 32 COURT
City-St-Zip: SUNRISE, FL 33351 US

Title: D ( ) Delete
Name: BARAN, MAREK D
Address: 2017 S OCEAN DRIVE, APT 203
City-St-Zip: HALLANDALE, FL 33009 US

Title: D (X) Delete
Name: JOCHIM, JOHN
Address: 1836 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BARAN, MAREK D
Address: 2017 S OCEAN DRIVE, APT 203
City-St-Zip: HALLANDALE, FL 33009 US

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

Title: VP (X) Change ( ) Addition
Name: BARAN, DARIUSZ M
Address: 2017 S OCEAN DRIVE, APT 203
City-St-Zip: HALLANDALE, FL 33009 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: MAREK D BARAN DP 10/14/2009

Electronic Signature of Signing Officer or Director Date