

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000057120

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** HALTHION MEDICAL TECHNOLOGIES, INC.

**Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE  
SUITE 2010  
TAMPA, FL 33602 US

**New Principal Place of Business:**

23110 STATE ROAD 54  
#346  
LUTZ, FL 33549 US

**Current Mailing Address:**

400 NORTH ASHLEY DRIVE  
SUITE 2010  
TAMPA, FL 33602 US

**New Mailing Address:**

23110 STATE ROAD 54  
#346  
LUTZ, FL 33549 US

**FEI Number:** 27-0493658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERONA, BRETT A  
400 N. ASHLEY DRIVE  
SUITE 2010  
TAMPA, FL 33602 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCGUSTY, EDWIN A  
Address: 23110 STATE ROAD 54 #346  
City-St-Zip: LUTZ, FL 33549 US

Title: VP  
Name: PARKER, JOHN W III  
Address: 23110 STATE ROAD 54 #346  
City-St-Zip: LUTZ, FL 33549 US

Title: D  
Name: VERONA, BRETT A ESQ.  
Address: 23110 STATE ROAD 54 #346  
City-St-Zip: LUTZ, FL 33549 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: EDWIN MCGUSTY

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date