2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2012
Secretary of State

DOCUMENT# P10000011411

Entity Name: ROFRI MED CORPORATION

Current Principal Place of Business:

13820 OLD ST. AUGUSTINE ROAD
SUITE 113-245
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

13820 OLD ST. AUGUSTINE ROAD
SUITE 113-245
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 27-1861190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITU, ROBERT K
14919 BARTRAM VILLAGE LANE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

MITU, ROBERT K
13820 OLD ST. AUGUSTINE ROAD
SUITE 113-245
JACKSONVILLE, FL 32258 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: _____ 05/10/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: MITU, ROBERT K
Address: 13820 OLD ST. AUGUSTINE ROAD, STE 113-245
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VP
Name: MITU, ROBERT K
Address: 13820 OLD ST. AUGUSTINE ROAD, STE 113-245
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: SEC.
Name: MITU, ROBERT K
Address: 13820 OLD ST. AUGUSTINE ROAD, STE 113-245
City-St-Zip: JACKSONVILLE, FL 32258 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: ROBERT MITU P 05/10/2012
Electronic Signature of Signing Officer or Director — Date