2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000034630

Entity Name: BIOMEDICAL USA, INC.

FILED Mar 16, 2011 Secretary of State

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

201 SOUTH BISCAYNE 1170 E HALLANDALE BEACH BLVD

SUITE 2800 SUITE A

MIAMI, FL 33131 US HALLANDALE BEACH, FL 33009 US

Current Mailing Address: New Mailing Address:

201 SOUTH BISCAYNE 1170 E HALLANDALE BEACH BLVD

SUITE 2800 SUITE A

MIAMI, FL 33131 US HALLANDALE BEACH, FL 33009 US

FEI Number: 27-2386002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PREMIER RISING, INC.

800 NE 195TH STREET

STE 211

MIAMI, FL 33179 US

PREMIER RISING INC

800 NE 195TH STREET

STE 211

MIAMI, FL 33179 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: PREMIER RISING INC 03/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BIOMEDICAL EQUIPAMENTOS E PRODUTOS MEDICO

Address: AV AMADOR AGUIAR, 1500, JARAGUÃi

City-St-Zip: SAO PAULO, SP 02998-020 BR

Title: VP

Name: KIELMANOWICZ, BENO Address: 201 S. BISCAYNE City-St-Zip: MIAMI, FL 33131 US

Title: S

Name: PINTO, DIANA

Address: 800 NE 195TH STREET STE 211

City-St-Zip: MIAMI, FL 33179

Title: TR

Name: DELGADO, LUIS

Address: 800 NE 195TH STREET STE 211

City-St-Zip: MIAMI, FL 33179 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: BIOMEDICAL EQUIPAMENTOS E PRODUTOS MEDICO P