2011 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P10000034798

Entity Name: SOUTHWAVE MEDICAL, INC.

FILED Mar 17, 2011 Secretary of State

Date

New Principal Place of Business: Current Principal Place of Business: 2916 WEST GANDY BLVD UNIT C TAMPA, FL 33611 **Current Mailing Address: New Mailing Address:** 2916 WEST GANDY BLVD UNIT C TAMPA, FL 33611 FEI Number: 27-2401124 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: JOHNSON, MICHAEL H 2916 WEST GANDY BLVD UNIT C TAMPA, FL 33611 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.

OFFICERS AND DIRECTORS:

Title:

SIGNATURE:

Name: JOHNSON, MICHAEL H

Address: 2916 WEST GANDY BLVD UNIT C

City-St-Zip: TAMPA, FL 33611

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: MICHAEL H JOHNSON PRES 03/17/2011