2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2012
Secretary of State

DOCUMENT# P10000066551

Entity Name: N.H. MEDICAL PRODUCTS, CORP

Current Principal Place of Business:

%HERNAM J. SOSA TORRES
5216 NW 94 TERRACE
SUNRISE, FL 33351

New Principal Place of Business:

HERNAN J. SOSA TORRES
5216 NW 94 TERRACE
SUNRISE, FL 33351

Current Mailing Address:

%HERNAM J. SOSA TORRES
5216 NW 94 TERRACE
SUNRISE, FL 33351

New Mailing Address:

HERNAN J. SOSA TORRES
5216 NW 94 TERRACE
SUNRISE, FL 33351

FEI Number: 27-3255315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSA TORRES, HERNAM J
5216 NW 94 TERRACE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

SOSA TORRES, HERNAN J
5216 NW 94 TERRACE
SUNRISE, FL 33351 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: HERNAN SOSA 01/30/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SOSA TORRES, HERNAN J
Address: 5216 NW 94 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: VPD
Name: RADZWILL MUNIZ, NAKARY
Address: 5216 NW 94 TERRACE
City-St-Zip: SUNRISE, FL 33351

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: HERNAN SOSA SR. 01/30/2012
Electronic Signature of Signing Officer or Director Date