2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000062855

Entity Name: VINCEN MEDICAL, INC.

FILED Apr 04, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | Business: | |
|--|-----------------------------------|-------------------------------|---|--|
| 18840 NW 57 AVE 203 MIAMI, FL 33015 US | 5 | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| 18840 NW 57 AVE 203 MIAMI, FL 33015 US | 5 | | | |
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of N | Name and Address of New Registered Agent: | |
| VILLASMIL, ELAYNE 18840 NW 57 AVE 203 MIAMI, FL 33015 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: | | | | |
| Electro | onic Signature of Registered Agen | t | Date | |

OFFICERS AND DIRECTORS:

Title: PDT

Name: PEREZ VILLASMIL, ANGEL M

Address: URB.TERRAZAS DE PARAMACAY SEC D#13-B

City-St-Zip: VALENCIA, CR 00000 VE

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: ELAINE VILLASMIL PDT 04/04/2012