2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000075929

Entity Name: NB MEDICAL, INC

FILED Apr 11, 2012 Secretary of State

11985 SOUTHERN BLVD 191 ROYAL PALM BEACH, FL 33411 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 New Registered Agent: NEW BASTION DEVELOPMENT, INC. 319 CLEMATIS STREET 700 WEST PALM BEACH, FL 33401 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:	Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
Current Mailing Address: 11985 SOUTHERN BLVD 191 ROYAL PALM BEACH, FL 33411 FEI Number: FEI Number Applied For () Name and Address of Current Registered Agent: New Bastion Development, Inc. 319 CLEMATIS STREET 700 WEST PALM BEACH, FL 33401 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:					
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Name and Address of Current Registered Agent: New Bastion Development, Inc. 319 Clematis Street 700 West Palm Beach, FL 33401 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:		33411			
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319 CLEMATIS STREET 700 WEST PALM BEACH, FL 33401 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:	Name and Address of Cu	rrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
WEST PALM BEACH, FL 33401 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:	319 CLEMATIS STREET	PMENT, INC.			
in the State of Florida. SIGNATURE:		33401 US			
		bmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
Flectronic Signature of Pegistered Agent	SIGNATURE:				
Electronic dignature of Negistered Agent Date	Electronic	Signature of Registered Age	nt	Date	
	OFFICERS AND DIRECT	OBS:			

Title: PΩ

BELLEN, ELLIOT Name: 11985 SOUTHERN BLVD Address: City-St-Zip: ROYAL PALM BEACH, FL 33411

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: ELLIOT BELLEN Ρ 04/11/2012