

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000057208

Entity Name: VASCUSOUND, INC.

FILED
May 08, 2009
Secretary of State

Current Principal Place of Business:

11543 CORTEZ BLVD.
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

11543 CORTEZ BLVD.
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 59-3258704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ROY W
3321 HENDERSON BLVD.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

COHN, ROY W
2406 WATROUS AVE
TAMPA, FL 33629 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:

Electronic Signature of Registered Agent

05/08/2009

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, SCOTT A
Address: 15023 BAILEYHILL RD
City-St-Zip: BROOKSVILLE, FL 34614

Title: S () Delete
Name: WHITE, MARIA T
Address: 15023 BAILEYHILL RD
City-St-Zip: BROOKSVILLE, FL 34614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITE, MARIA T
Address: 15023 BAILEYHILL RD
City-St-Zip: BROOKSVILLE, FL 34614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA T. WHITE

Electronic Signature of Signing Officer or Director

P

05/08/2009

Date