2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

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Entity Name: ROCHESTER ELECTRO-MEDICAL, INC.

Current Principal Place of Business:

4212 CYPRESS GLUTCH DR.
LUTZ, FL 33559

New Principal Place of Business:

4212 CYPRESS GULCH DR.
LUTZ, FL 33559

Current Mailing Address:

4212 CYPRESS GLUTCH DR.
LUTZ, FL 33559

New Mailing Address:

4212 CYPRESS GULCH DR.
LUTZ, FL 33559

FEI Number: 41-1234098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOROWITZ, MITCHELL I
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BERKINS, ALAYNE R
Address: 15619 PREMIERE DRIVE #204
City-St-Zip: TAMPA, FL 33624

Title: C ( ) Delete
Name: BERKINS, CHARLES C
Address: 15619 PREMIERE DR. #204
City-St-Zip: TAMPA, FL 33624

Title: ST ( ) Delete
Name: NOVORSKA, LISA B
Address: 15619 PREMIERE DR., #204
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BERKINS, ALAYNE R
Address: 4212 CYPRESS GULCH DRIVE
City-St-Zip: LUTZ, FL 33559

Title: C (X) Change ( ) Addition
Name: BERKINS, CHARLES C
Address: 4212 CYPRESS GULCH DRIVE
City-St-Zip: LUTZ, FL 33559

Title: ST (X) Change ( ) Addition
Name: NOVORSKA, LISA B
Address: 4212 CYPRESS GULCH DRIVE
City-St-Zip: LUTZ, FL 33559

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: LISA B. NOVORSKA ST 01/05/2008

Electronic Signature of Signing Officer or Director — Date