

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006341

FILED
Apr 16, 2009
Secretary of State

Entity Name: BRAXTON MEDICAL CORPORATION

Current Principal Place of Business:

15402 N. NEBRASKA AVENUE
SUITE 204
LUTZ, FL 33549 US

New Principal Place of Business:

17844 NORTH US HIGHWAY 41
LUTZ, FL 33549 US

Current Mailing Address:

15402 N. NEBRASKA AVENUE
SUITE 204
LUTZ, FL 33549 US

New Mailing Address:

17844 NORTH US HIGHWAY 41
LUTZ, FL 33549 US

FEI Number: 59-3551208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSEN, DOUGLAS S
15402 N. NEBRASKA AVENUE
SUITE 204
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

OLSEN, DOUGLAS S
17844 NORTH US HIGHWAY 41
LUTZ, FL 33549 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: DOUGLAS S OLSEN

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: OLSEN, DOUG
Address: 15402 N. NEBRASKA AVENUE, STE#204
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: OLSEN, DOUG
Address: 17844 NORTH US HIGHWAY 41
City-St-Zip: LUTZ, FL 33549

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: DOUG OLSEN

PVST

04/16/2009

Electronic Signature of Signing Officer or Director

Date