2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2010
Secretary of State

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Entity Name: CIRQUE MEDICAL, INCORPORATED

Current Principal Place of Business:

24614 DEER TRACE DR.
PONTE VEDRA, FL 32082

New Principal Place of Business:

Current Mailing Address:

24614 DEER TRACE DR.
PONTE VEDRA, FL 32082

New Mailing Address:

FEI Number: 65-0972973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONE, JOHN
4496 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 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: PD
Name: LEONE, JAMES E
Address: 24614 DEER TRACE DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: D
Name: DYE, KENNETH R
Address: 1130 KINGS RD
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: DR
Name: LEONE, BRUCE J
Address: P.O. BOX 551391
City-St-Zip: JACKSONVILLE, FL 322551391

Title: DR
Name: AGNEW, RICHARD C
Address: 2471 WINGED ELM DR. E.
City-St-Zip: JACKSONVILLE, FL 32256

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: JAMES E. LEONE PRES 01/10/2010

Electronic Signature of Signing Officer or Director Date