2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# V36344

Entity Name: MERIT MEDICAL SERVICES, INC.

Current Principal Place of Business:

320 DIVISION AVE
STE C
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

200 TOMOKA AVENUE
STE A
ORMOND BEACH, FL 32174 US

Current Mailing Address:

320 DIVISION AVE
STE C
ORMOND BEACH, FL 32174 US

New Mailing Address:

200 TOMOKA AVENUE
STE A
ORMOND BEACH, FL 32174 US

FEI Number: 59-3122192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNCAN, JEFFERY M.
320 DIVISION AVE
STE C
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

DUNCAN, JEFFERY M.
200 TOMOKA AVENUE
STE A
ORMOND BEACH, FL 32174 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: JEFFERY M DUNCAN 04/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: DUNCAN, JEFFERY M.
Address: 320 DIVISION AVE, STE C
City-St-Zip: ORMOND BEACH, FL 32174

Title: VS ( ) Delete
Name: DUNCAN, REBECCA K.
Address: 320 DIVISION AVE, STE C
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: DUNCAN, JEFFERY M.
Address: 200 TOMOKA AVENUE SUITE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: VS (X) Change ( ) Addition
Name: DUNCAN, REBECCA K.
Address: 200 TOMOKA AVENUE SUITE A
City-St-Zip: ORMOND BEACH, FL 32174

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: JEFFERY M DUNCAN DPT 04/06/2009
Electronic Signature of Signing Officer or Director Date