

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005680

FILED
Sep 09, 2002
Secretary of State

Entity Name: BRIDGE MEDICAL, INC.

Current Principal Place of Business:

120 SOUTH SIERRA
SOLANA BEACH, CA 92075

New Principal Place of Business:

Current Mailing Address:

120 SOUTH SIERRA
SOLANA BEACH, CA 92075

New Mailing Address:

FEI Number: 33-0707720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROTTINIG, JOHN B
Address: 120 SOUTH SIERRA
City-St-Zip: SOLANA BEACH, CA 92075

Title: VCOO () Delete
Name: LEWIS, RUSSELL
Address: 120 SOUTH SIERRA
City-St-Zip: SOLANA BEACH, CA 92075

Title: VCFO () Delete
Name: KINNINGER, TERRANCE A
Address: 120 SOUTH SIERRA
City-St-Zip: SOLANA BEACH, CA 92075

Title: VS () Delete
Name: BENJAMIN, SCOTT D
Address: 120 SOUTH SIERRA
City-St-Zip: SOLANA BEACH, CA 92075

Title: D () Delete
Name: LAPOINT, WILLIAM J
Address: 120 SOUTH SIERRA
City-St-Zip: SOLANA BEACH, CA 92075

Title: D () Delete
Name: NEHRA, JOHN M
Address: 120 SOUTH SIERRA
City-St-Zip: SOLANA BEACH, CA 92075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VCFO (X) Change () Addition
Name: KINNINGER, TERRANCE A
Address: 120 SOUTH SIERRA
City-St-Zip: SOLANA BEACH, CA 92075

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERANCE A KINNINGER

CFO

09/09/2002

Electronic Signature of Signing Officer or Director

_____ Date