

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003731

Entity Name: VALUE MEDICAL, INC.

FILED  
Jan 19, 2011  
Secretary of State

**Current Principal Place of Business:**

107 KIOWA LANE  
PIEDMONT, SC 29673

**New Principal Place of Business:**

**Current Mailing Address:**

107 KIOWA LANE  
PIEDMONT, SC 29673

**New Mailing Address:**

FEI Number: 57-1018369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
STE 101  
TALLAHASSEE, FL 323012960 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: STOUGHTON, THOMAS  
Address: 107 KIOWA LANE  
City-St-Zip: PIEDMONT, SC 29673

Title: VCVF  
Name: STEWART, R BRETT  
Address: 107 KIOWA LANE  
City-St-Zip: PIEDMONT, SC 29673

Title: PD  
Name: WALVOORD, BENJAMIN  
Address: 107 KIOWA LANE  
City-St-Zip: PIEDMONT, SC 29673

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: BENJAMIN WALVOORD

PRES

01/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date