| No. <b>C 179028</b>  |                                    | Due no later than Jun 30, 2014  |   | 2. Registered Agent and Address (NO PO BOX) |       |                    |                    |
|--|------------------------------------|---|---|---|-------|--------------------|--------------------|
| Return to:   |                                    | An  | NATIONAL CORPORATE RESEARCH LT 921 S ORCHARD ST STE G BOISE ID 83706 USA  3. New Registered Agent Signature:* |   |       |                    |                    |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                                    | 1. Mailing Address: Correct in this box if needed.  BELIMED, INC.  DANA HAYDEN  2325 CHARLESTON REGIONAL PKWY  CHARLESTON SC 29492  USA |   |   |       |                    |                    |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                                    |   |   |   |       |                    |                    |
| 4. Corporations: Enter Na  | mes and Busin                      | ess Addresses of Pres   | sident, Secretary, and Directors. Treasurer   | (optional).                                 |       |                    |                    |
| Office Held  | fice Held Name                     |   | Street or PO Address  | City  | State | Country            | Postal Code        |
| DIRECTOR<br>DIRECTOR   | JOSEPH C MCDONALD<br>CLAUS MARTINI |   | 2325 CHARLESTON REGIONAL PKWY<br>ZELGSTRASSE 8  | CHARLESTON<br>SULGEN                        | SC :  | USA<br>SWITZERLANI | 29492<br>D CH-8583 |
| PRESIDENT JOSEPH C N   |                                    | 1CDONALD  | 2325 CHARLESTON REGIONAL PKWY   | CHARLESTON                                  | SC    | USA                | 29492              |
| SECRETARY  | QUENTIN L.                         | EARL  | 2325 CHARLESTON REGIONAL PKWY   | CHARLESTON                                  | SC    | USA                | 29492              |
| 5. Organized Under the Laws of: 6.   |                                    | 6. Annual Report must be signed.*   |   |   |       |                    |                    |
| FL<br>C 179028   |                                    | Signature: Quent  |   | Date: 06/09/2014                            |       |                    |                    |
|  |                                    | Name (type or pr  |   | Title: Cfo                                  |       |                    |                    |
| Processed 06/09/2014 * Electronically provided signatures are accepted as original signatures. |                                    |   |   |   |       |                    |                    |