

1.) CORPORATION NAME: ZEE MEDICAL, INC.	DUE DATE: 11/30/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: F1315359				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: CA	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,500,000
CLASS	AUTHORIZED				
COMMON	2,500,000				
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 22 CORPORATE PARK CITY/ST/ZIP: IRVINE, CA 92606-5105					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					

NAME: LAWRENCE BURKE TITLE: PRESIDENT ADDRESS: 22 CORPORATE PARK CITY/ST/ZIP/CO: IRVINE, CA 92606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIE C BOGAN TITLE: VP/S ADDRESS: ONE POST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: NICHOLAS A LOIACONO TITLE: VP/T ADDRESS: ONE POST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WILLIE C BOGAN	WILLIE C BOGAN, VP/S	12/5/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.