


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90184 009 ***150.00

DOCUMENT # F04000001032

1. Entity Name
GMP WIRELESS MEDICINE, INC.



Principal Place of Business Mailing Address
ONE EAST BROWARD BLVD., SUITE 1701 **ONE EAST BROWARD BLVD., SUITE 1701**
FORT LAUDERDALE, FL 33301 **FORT LAUDERDALE, FL 33301**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

14000092



04152005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1079987 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CHERNOW, BART	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SALEM, MICHAEL	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISTVAN, RUDYARD	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, SPENCER III	
STREET ADDRESS	95 COLLIER ROAD N.W., SUITE 2075	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RANEY, JEFFREY	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEIS, HOLGER	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Likens, Matthew E.	
STREET ADDRESS	One East Broward Blvd., Suite 1701	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Candelaria, Benjamin	
STREET ADDRESS	One East Broward Blvd., Suite 1701	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christmas, Patrick J.	
STREET ADDRESS	One East Broward Blvd., Suite 1701	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hartman, Shelley	
STREET ADDRESS	One East Broward Blvd., Suite 1701	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M E Likens* 4/18/05 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #