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INTERNATION

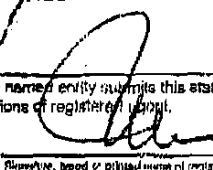
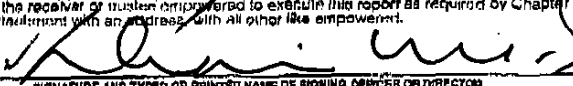
FROM :MICHAEL SCHIFFRIN & ASSOC.

FAX NO. :305 5390013

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90312 013 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000004506			
1. Entity Name HOSPI MED, INC.			
Principal Place of Business 8770 SUNSET DR. #433 MIAMI, FL 33173		Mailing Address 8770 SUNSET DR. #433 MIAMI, FL 33173	
2. Principal Place of Business SCOTIA PLAZA AVE FEDERICO BOYA Suite, Apt. #, etc. N° 18 Y Calle 57, Piso 11, A.P. 8629		3. Mailing Address MICHAEL SCHIFFRIN Suite, Apt. #, etc. 9130 S. DARELAND BLVD, Ste 1109 City & State Miami, FL 33156	
City & State Panama	Zip 5	Country Panama	Zip 33156
4. FID Number 65-0855322		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANS, HECTOR L 9100 ARVIDA DRIVE MIAMI, FL 33156		7. Name and Address of New Registered Agent Name MICHAEL SCHIFFRIN Street Address (P.O. Box Number is Not Acceptable) 9130 S. DARELAND BLVD, Suite 1109 2 DARELAND CENTER City Miami, FL 33156	
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  Signature, typed or printed name of registered agent and file if applicable.		DATE 4/23/04 (NOTE: Registered Agent Signature required with filing)	
FILE NOW!!! FEE IS \$160.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE OFF NAME GONZALEZ, LUIS EDUARDO STREET ADDRESS VIA ESPANA N 200, PISO 7 CITY- ST- ZIP PANAMA REPUBLIC OF PANAMA	☒ Delete	TITLE DIP NAME RIOS, DIDIMO, M. STREET ADDRESS SCOTIA PLAZA AVE FEDERICO BOYA N° 18 Y Calle 57 Piso 11 CITY- ST- ZIP A.P. 8629, PANAMA, REP. OF PANAMA	☒ Change ☐ Addition
TITLE CS NAME DE SALCEDO, LILIA AMINTA STREET ADDRESS VIA ESPANA N 200, PISO 7 CITY- ST- ZIP PANAMA REPUBLIC OF PANAMA	☒ Delete	TITLE D NAME RIOS, ERIC IVAN STREET ADDRESS SAME ADDRESS AS ABOVE RIOS, DIDIMO	☒ Change ☐ Addition
TITLE ST NAME GIRU, ALVA ROSA STREET ADDRESS VIA ESPANA N 200, PISO 7 CITY- ST- ZIP PANAMA REPUBLIC OF PANAMA	☒ Delete	TITLE D NAME CHAVIS, BORIS, H STREET ADDRESS SAME ADDRESS AS ABOVE RIOS, DIDIMO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.002(1), 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 807, 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 empowerment.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/27/04 305-539-0000	

Didimo M. Rios