04/26/2004 15:41 3056656530 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	Mailing Address
~~9770 SUNSET DR. #433~~ ~~MIAMI, FL 33173~~	~~9770 SUNSET DR. #433~~ ~~MIAMI, FL 33173~~

04232004 Chg-P CR2E034 (10/08)

2. Principal Place of Business	3. Mailing Address
SCOTIA PLAZA AVE FEDERICO BOYD	MICHAEL SCHIFFRIN
Suite, Apt. #, etc. N° 18 Y calle 57 PISO II A.P. 8629	Suite, Apt. #, etc. 9130 S. DADELAND BLVD, STE 1109
City & State PANAMA	City & State MIAMI, FL 33156
Zip 5 Country PANAMA	Zip 33156 Country USA

4. FEI 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	7. Name and Address of New Registered Agent
LANS, HECTOR L 9100 ARVIDA DRIVE MIAMI, FL 33156	Name MICHAEL SCHIFFRIN Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELAND Boulevard, Suite 1109 2 DATRAN CENTER City MIAMI FL Zip Code 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] MICHAEL SCHIFFRIN 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~OP~~ ~~DESPEDES, LUIS EDUARDO~~ ~~VIA ESPANA N 290, PISO 7~~ ~~PANAMA REPUBLIC OF PANAMA,~~	☒ Delete	P/P RIOS, DIDIMO, M. SCOTIA PLAZA AVE FEDERICO BOYD N° 18 Y calle 57 PISO II A.P. 8629, PANAMA, REP. DE PANAMA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CO~~ ~~DE SALCEDO, LILIA AMINTA~~ ~~VIA ESPANA N 290, PISO 7~~ ~~PANAMA REPUBLIC OF PANAMA,~~	☒ Delete	D RIOS, ERIC IVAN SAME ADDRESS AS ABOVE RIOS, DIDIMO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ ~~CHIRU, ALVA ROSA~~ ~~VIA ESPANA N 290, PISO 7~~ ~~PANAMA REPUBLIC OF PANAMA,~~	☒ Delete	D CHANIS, DORIS, H SAME ADDRESS AS ABOVE. RIOS, DIDIMO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 4/27/04 305-539-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Didimo M. Rios