2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000068218

1. Entity Name
H-S MEDICAL, INC.

Principal Place of Business	Mailing Address
1200 CLINT MOORE ROAD SUITE 1 BOCA RATON, FL 33487	1200 CLINT MOORE ROAD SUITE 1 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1122802
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIECO, MARK M ESQ
3109 45TH ST.
WEST PALM BEACH, FL 33407

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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	VTD
NAME	IMPROTA, ELENA
STREET ADDRESS	1200 CLINT MOORE ROAD, SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	PC
NAME	IMPROTA, LUCIO
STREET ADDRESS	1200 CLINT MOORE ROAD, SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	GIUSTI, DARIO
STREET ADDRESS	1200 CLINT MOORE ROAD, SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	IMPROTA, MASSIMILIANO
STREET ADDRESS	1200 CLINT MOORE ROAD, SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	MARTONE, ANTONIO
STREET ADDRESS	1200 CLINT MOORE ROAD, SUITE 1
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80006-008 150.00

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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: _____ Lucio Improta JAN 19, 2005 561-443-3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #