2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087411

Entity Name: EXTREME-MEDICAL, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7900 NOV. SUITE 101 DAVIE. FL					
,					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7900 NOV					
DAVIE, FL	. 33324				
FEI Number:	: 11-3647750	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	e and Address of New Registered Agent:	
701 PROM SUITE 210	& DUCLAS, LL MENADE DRIV) KE PINES, FL	Œ			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (PASTERNAK, 7900 NOVA DI DAVIE, FL 33	RIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PASTERNAK P 04/11/2005