

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019657

FILED
Jan 03, 2008
Secretary of State

Entity Name: SAFE GUARD MEDI-SYSTEMS CORP

Current Principal Place of Business:

21301 NORTHEAST 20TH AVENUE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

21301 NORTHEAST 20TH AVENUE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 20-2376882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: EISENBERG, NORMAN
Address: 21301 NORTHEAST 20TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP () Delete
Name: SLAVIN, DOUGLAS M.D.
Address: 1111 KANE CONCOURSE SUITE 111
City-St-Zip: BAY HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NORMAN EISENBERG

PRES

01/03/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date