2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P07000041961

Entity Name: INTERNATIONAL MEDICAL TRANSPLANTS, INC.

Current Principal Place of Business:

2758 ATLANTIC BLVD STE 50
POMPANO, FL 330695711 US

New Principal Place of Business:

2758 ATLANTIC BLVD
STE. 50
POMPANO, FL 330695711 US

Current Mailing Address:

2758 ATLANTIC BLVD STE 50
POMPANO, FL 330695711 US

New Mailing Address:

P.O. BOX 772650
CORAL SPRINGS, FL 330772650 US

FEI Number: 20-8824983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHELCHEL, WAYNE M.D.
2758 ATLANTIC BLVD STE 50
POMPANO, FL 330695711 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: P ( ) Delete
Name: WHELCHEL, WAYNE M.D.
Address: 701 WEST CYPRESS CREEK ROAD, SUITE 200
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VP ( ) Delete
Name: FERRER, NATALIE L
Address: 16206 NOTTINGHAM PARK WAY
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WHELCHEL, WAYNE M.D.
Address: 2758 ATLANTIC BLVD, STE 50
City-St-Zip: POMPANO BEACH, FL 33069 US

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: WAYNE WHELCHEL, M.D. DR. 04/24/2008

Electronic Signature of Signing Officer or Director — Date