


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P94000043920</b> 1. Entity Name <b>S.H. MEDICAL CORPORATION</b>	
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FILED  
07 MAY 17 PM 2: 04  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3061 NW 82 AVE MIAMI, FL 33122</b>	Mailing Address <b>3061 NW 82 AVE MIAMI, FL 33122</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05142007	Chg-P	CR2E034 (12/06)
4. FEI Number <b>65-0499670</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		



<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SALVADE, HECTOR</b> <b>5701 COLLINS AVE</b> <b>715</b> <b>MIAMI BEACH, FL 33140</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete <b>SALVADE, HECTOR L</b>	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Marcelo H. Salvade</b>
STREET ADDRESS	<b>3061 NW 82ND. AVE</b>	STREET ADDRESS	<b>3061 NW 82 Ave.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	CITY-ST-ZIP	<b>MIAMI, FL 33122</b>
TITLE	D <input type="checkbox"/> Delete <b>SALVADE, MARIA E</b>	TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Izabella Correo</b>
STREET ADDRESS	<b>3061 NW 82 AVE.</b>	STREET ADDRESS	<b>3061 NW 82 Ave.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	CITY-ST-ZIP	<b>MIAMI, FL 33122</b>
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fernando A. Salvade</b>
STREET ADDRESS	<i>7/5/24</i>	STREET ADDRESS	<b>3061 NW 82 ave</b>
CITY-ST-ZIP	<i>7/5/24</i>	CITY-ST-ZIP	<b>MIAMI, FL 33122</b>
TITLE	<input type="checkbox"/> Delete	TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jose Rivera</b>
STREET ADDRESS		STREET ADDRESS	<b>3061 NW 82 ave</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33122</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<b>300103608543</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>05/31/07--01028--012 **61.25</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* 05/14/07 (305) 406-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #