2006 FOR PROFIT CORPORATION **ANNUAL BEPORT (AR)**

Mar 01, 2006 08:00 AM DOCUMENT # P96000021391 **Secretary of State** 1. Entity Name DATA MED. INC. Principal Place of Business Mailing Address 1815 MICCOSUKEE COMMONS, STE 100 1815 MICCOSUKEE COMMONS, STE 100 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act, #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 90-0216447 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLING, BESS Street Address (P.O. Box Number is Not Acceptable) 1815 MICCOSUKEE COMMONS, STE 100 TALLAHASSEE FL 32308 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 Signature, typed or protted name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State tū. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change Addition NAME KLING, BESS NAME U00000451809 STREET ADDRESS 1815 MICCOSUKEE COMMONS, STE 100 STREET ADDRESS 03/11/06-80001-018 1**50.00** CITY-ST- ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE Defete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Detete SITIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CiTY-ST-ZIP TITLE ☐ Change ☐ Defete ☐ Addition DILE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITCE Delete MILE Change 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

ESIDENT

(850)422-2828

FILED