

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006998

Entity Name: ASCLEPIUS MEDICAL, INC.

FILED  
Apr 27, 2005  
Secretary of State

**Current Principal Place of Business:**

8756 SW 8TH STREET  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

8740 SW 8TH STREET  
MIAMI, FL 33174 US

**New Mailing Address:**

8758 SW 8TH STREET  
MIAMI, FL 33174 US

FEI Number: 65-0889203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETANCOURT, MIGUEL  
13237 S.W. 10TH LANE  
MIAMI, FL 33184 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: D ( ) Delete  
Name: BETANCOURT, MIGUEL  
Address: 13237 S.W. 10TH LANE  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MIGUEL BETANCUORT

PD

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date