2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P97000004963

Entity Name: ACUFLOW, INC.

Current Principal Place of Business:

2496 PARK PLACE BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2496 PARK PLACE BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 65-0763305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, MATTHEW T CPA
503 N. ORLANDO AVE., STE 106
COCOA BEACH, FL 32931 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: HARDEE, ROBERT
Address: 5585 PENNOCK POINT RD
City-St-Zip: JUPITER, FL 33458

Title: DP ( ) Delete
Name: JOHNSON, MARTIN DR
Address: 6550 N WICKHAM RD
City-St-Zip: MELBOURNE, FL 32940

Title: ST ( ) Delete
Name: GREEN, SHERRI
Address: UNIVERSITY OF SOUTH FLORIDA
City-St-Zip: TAMPA, FL

Title: DVP ( ) Delete
Name: PEARCE, CHARLES
Address: 471 SANDPIPER DRIVE
City-St-Zip: SATELLITE BEACH, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: JOHNSON, MARTIN DR
Address: 445 PINEDA COURT
City-St-Zip: MELBOURNE, FL 32940

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 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: DR. MARTIN JOHNSON M.D. CEO 01/06/2004

Electronic Signature of Signing Officer or Director — Date