


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90117 029 \*\*\*158.75

<b>DOCUMENT # L81282</b>	
1. Entity Name <b>Q-MED CORPORATION</b>	

Principal Place of Business <b>3801 SW 30TH AVE FORT LAUDERDALE, FL 33312 US</b>	Mailing Address <b>3801 SW 30TH AVE FORT LAUDERDALE, FL 33312 US</b>
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**24045022**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0205843</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ANGELO, BARRY &amp; BOLDT, PA SUNTRUST CENTER 515 E LAS OLAS BLVD, STE 850 FORT LAUDERDALE, FL 33301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	CP RODRIGUEZ, J. CARLOS 3801 SW 30TH AVE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP/T AGUERO, MANUEL E. 3801 SW 30 AVE FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP AGUERO, MANUEL E. 3801 SW 30TH AVE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAWN E. CAVASOS 3801 SW 30 AVE FT LAUDERDALE, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, MICHAEL R 3801 SW 30TH AVE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON K. FERRIS 3801 SW 30 AVE FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EUSTIS, ERIK 3801 SW 30TH AVE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZINK, FLOYD 3801 S W 30TH AVE FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BELLON, ANTONIO 3801 SW 30TH AVE FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all addresses, with all other like empowered.

**SIGNATURE:** MANUEL E. AGUERO 4/14/04 954 316 1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
CO-PRES