2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 21, 2005
Secretary of State

DOCUMENT# L81282

Entity Name: Q-MED CORPORATION

Current Principal Place of Business:

3801 SW 30TH AVE
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3801 SW 30TH AVE
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0205843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGELO, BARRY & BOLDT, PA
SUNTRUST CENTER
515 E LAS OLAS BLVD, STE 850
FORT LAUDERDALE, FL 33301 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

OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete
Name: AGUERO, MANUEL E
Address: 3801 SW 30TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: CPS ( ) Delete
Name: RODRIGUEZ, CARLOS
Address: 3801 SW 30TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP (X) Delete
Name: MARTIN, MICHAEL R
Address: 3801 SW 30TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP (X) Delete
Name: EUSTIS, ERIK
Address: 3801 SW 30TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP (X) Delete
Name: ZINK, FLOYD
Address: 3801 S W 30TH AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VP (X) Delete
Name: CAVASOS, SHAWN E
Address: 3801 SW 30TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MANUEL AGUERO CPT 09/21/2005
Electronic Signature of Signing Officer or Director Date