

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000071623

FILED
Apr 30, 2003
Secretary of State

Entity Name: ARISE MEDICAL, INC.

Current Principal Place of Business:

11641 S.W. 67TH AVENUE
PINECREST, FL 33156

New Principal Place of Business:

5830 SW 153RD CT.
MIAMI, FL 33193

Current Mailing Address:

11641 S.W. 67TH AVENUE
PINECREST, FL 33156

New Mailing Address:

5830 SW 153 RD CT..
MIAMI, FL 33193

FEI Number: 75-3025174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRIDO, RODOLFO
11641 S.W. 67TH AVENUE
PINECREST, FL 33156

Name and Address of New Registered Agent:

MORENO, ROSARIO
5830 SW 153RD CT.
MIAMI, FL 33193

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: ROSARIO MORENO

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORENO, PEDRO
Address: 11641 S.W. 67TH AVENUE
City-St-Zip: PINECREST, FL 33156

Title: VD () Delete
Name: MORENO, ROSE
Address: 11641 S.W. 67TH AVENUE
City-St-Zip: PINECREST, FL 33156

Title: SD (X) Delete
Name: GARRIDO, RODOLFO
Address: 11641 S.W. 67TH AVENUE
City-St-Zip: PINECREST, FL 33156

Title: TD (X) Delete
Name: BURGIN, CHRIS
Address: 11641 S.W. 67TH AVENUE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORENO, PEDRO
Address: 5830 SW 153RD CT.
City-St-Zip: MIAMI, FL 33193

Title: VD (X) Change () Addition
Name: MORENO, ROSARIO
Address: 5830 SW 153RD CT.
City-St-Zip: MIAMI, FL 33193

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: ROSARIO MORENO

VICE

04/30/2003

Electronic Signature of Signing Officer or Director

Date