2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001052

1. Entity Name
GLIAMED, INC.

Principal Place of Business	Mailing Address
13899 BISCAYNE BLVD STE 142 MIAMI, FL 33181	13899 BISCAYNE BLVD STE 142 MIAMI, FL 33181

02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1067966 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERN, ANDREWS E
13899 BISCAYNE BLVD
STE 142
MIAMI, FL 33181

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLFF, IVAN
STREET ADDRESS	245 EAST 63 ST #217
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	CTD
NAME	KERN, ANDREW E
STREET ADDRESS	13899 BISCAYNE BLVD STE 142
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	SD
NAME	ARMOUR, LAWRENCE A
STREET ADDRESS	13899 BISCAYNE BLVD STE 142
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	P/D
NAME	WEINSTEIN, DAVID MD
STREET ADDRESS	3960 BROADWAY 3RD ST
CITY-ST-ZIP	NEW YORK, NY 10032
TITLE	D
NAME	MCKEE, WILLIAM
STREET ADDRESS	400 CHESTNUT RIDGE RD
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677
TITLE	D
NAME	FOX, JENNIFER
STREET ADDRESS	383 MADISON AVE 41
CITY-ST-ZIP	NEW YORK, NY 10179

UUUUU450258
03/08/06-80085-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered.

SIGNATURE: ANDREW E. KERN 2-15-2006 (305) 341-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #