

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002879

Entity Name: MERGENET MEDICAL, INC.

FILED
Jul 05, 2005
Secretary of State

Current Principal Place of Business:

23257 STATE ROAD 7, SUITE 207
BOCA RATON, FL 33428

New Principal Place of Business:

6601 LYONS ROAD
BUILDING B1.4
COCONUT CREEK, FL 33073

Current Mailing Address:

23257 STATE ROAD 7, SUITE 207
BOCA RATON, FL 33428

New Mailing Address:

6601 LYONS ROAD
BUILDING B1.4
COCONUT CREEK, FL 33073

FEI Number: 68-0550173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LERNER, ALLAN M ESQ
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HERNANDEZ, SHARA
Address: 23257 STATE ROAD 7, SUITE 207
City-St-Zip: BOCA RATON, FL 33428

Title: DS () Delete
Name: SHER, BRUCE
Address: 23257 STATE ROAD 7, SUITE 207
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HERNANDEZ, SHARA
Address: 6601 LYONS ROAD , B1.4
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS (X) Change () Addition
Name: SHER, BRUCE
Address: 6601 LYONS ROAD , B1.4
City-St-Zip: COCONUT CREEK, FL 33073

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: SHARA HERNANDEZ

PRES

07/05/2005

Electronic Signature of Signing Officer or Director

Date