2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# F98000006415

Entity Name: GENERAL MEDICAL APPLICATIONS, INC.

Current Principal Place of Business:

1820 N. CORPORATE LAKES
SUITE #206
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

794 HAWTHORN TERRACE
WESTON, FL 33327

New Mailing Address:

FEI Number: 33-0768081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GABOR, GABRIELLA
794 HAWTHORN TERRACE
WESTON, FL 33327 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: RUBINSZTAIN, JOSE D
Address: 794 HAWTHORN TERRACE
City-St-Zip: WESTON, FL 33327

Title: T ( ) Delete
Name: GABOR, GABRIELLA
Address: 794 HAWTHORN TERRACE
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: FACHUCK, MYRON
Address: 110 FRANCIS STREET SUITE 8E
City-St-Zip: BOSTON, MA 02215

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: FALCHUK, MYRON
Address: 110 FRANCIS STREET SUITE 8E
City-St-Zip: BOSTON, MA 02215

Title: D ( ) Change (X) Addition
Name: RUBINSZTAIN, SAMUEL A
Address: 3875 LOMBARDY ST.
City-St-Zip: HOLLYWOOD, FL 33021

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: SAMUEL RUBINSZTAIN D 04/30/2004

Electronic Signature of Signing Officer or Director — Date