


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L13494 1. Entity Name PM MEDICAL, INC.	
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Principal Place of Business 1777 S ANDREWS C AVE #301 FORT LAUDERDALE, FL 33316 US	Mailing Address PO BOX 21456 FT LAUDERDALE, FL 33335 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MULLANE, THOMAS S. 1201 RIVER REACH DR. #512 FT. LAUDERDALE, FL 33315	DO NOT WRITE IN THIS SPACE
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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: Thomas S. Mullane Chris Jan 15 2005
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLANE, THOMAS S. P O BOX 21456 FORT LAUDERDALE, FL 33335
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLANE, MARY R. PO BOX 21456 FORT LAUDERDALE, FL 33335
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Thomas S. Mullane Jan 15 2005 954 764 6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #