


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90109 033 ***150.00

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DOCUMENT # L13494			
1. Entity Name PM MEDICAL, INC.			
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	
2. Principal Place of Business <i>1777 S. Andrews Ave</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>301</i>		Suite, Apt. #, etc.	
City & State <i>Fort Lauderdale</i>		City & State	
Zip <i>33316</i>		Country	
Country		Country	
4. FEI Number 65-0146379		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLANE, THOMAS S. 1201 RIVER REACH DR. #512 FT. LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLANE, THOMAS S.	NAME	
STREET ADDRESS	P O BOX 21456	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33335	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLANE, MARY R.	NAME	
STREET ADDRESS	PO BOX 21456	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33335	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Mary Rose Mullane</i>		Date: <i>2/13/06</i> Daytime Phone #: <i>954-764-6600</i>	
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>MARY ROSE MULLANE</i>			