

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21194

Entity Name: ALEXANDER MEDICAL, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

9055 N.W. 13TH COURT
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

9055 N.W. 13TH COURT
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0165569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROLOFF, ROCHELLE
9055 N.W. 13TH COURT
CORAL SPRINGS, FL 33071 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: D () Delete
Name: FROLOFF, ROCHELLE
Address: 9055 N.W. 13TH CT.
City-St-Zip: CORAL SPRINGS, FL

Title: D () Delete
Name: ALPERT, IDA
Address: 9055 N.W. 13TH CT.
City-St-Zip: CORAL SPRINGS, FL

Title: D () Delete
Name: FROLOFF, ALEXANDER S
Address: 9055 N.W. 13TH COURT
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FROLOFF, ROCHELLE
Address: 9055 N.W. 13TH CT.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change () Addition
Name: ALPERT, IDA
Address: 9055 N.W. 13TH CT.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change () Addition
Name: FROLOFF, ALEXANDER S
Address: 9055 N.W. 13TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

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: ROCHELLE FROLOFF

PRES

04/28/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date