

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L42323

FILED
Oct 26, 2010
Secretary of State

Entity Name: ORION MEDICAL ENTERPRISES, INC.

Current Principal Place of Business:

19559 N.E. 10TH AVE.
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

19559 N.E. 10TH AVE.
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 65-0163221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRNBAUM, MARC
1041 IVES DAIRY RD
STE 228
MIAMI, FL 33179 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

OFFICERS AND DIRECTORS:

Title: P,D
Name: JACOB, ALLAN I.
Address: 536 W. 47TH STREET
City-St-Zip: MIAMI BEACH, FL 33140

Title: V
Name: BORDELON, KIMBERLY L VP
Address: 5208 NW 99TH TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: JEGER, ALLISON
Address: 1340 NE 174TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: JEGER, STEVEN
Address: 1340 NE 174TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: JACOB, DANNY
Address: 777 WINTHROP
City-St-Zip: TEANECK, NJ 07666

Title: D
Name: BIBERFELD, RACHEL
Address: 343 BALA AVENUE
City-St-Zip: BALACYNWYD, PA 19004

I hereby 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 all other like empowered.

SIGNATURE: STEVEN JEGER

D

10/26/2010

Electronic Signature of Signing Officer or Director

Date