2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 22, 2012
Secretary of State

DOCUMENT# L42323

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:

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

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: 19559 N.E. 10TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: V
Name: BLACK, O'DONNA B
Address: 19559 N.E. 10TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D,VP
Name: JEGER, STEVEN
Address: 19559 N.E. 10TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D
Name: JACOB, DANNY
Address: 19559 N.E. 10TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D
Name: BIBERFELD, RACHEL
Address: 19559 N.E. 10TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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 VP 11/22/2012

Electronic Signature of Signing Officer or Director Date