2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNA

Secretary of State DOCUMENT # M70596 02-26-2007 90052 021 ***150.00 1. Entity Name MEDICAL TASK FORCE, INC. **ሗህህሥ**ບ~~ -Principal Place of Business Mailing Address 700 NW 33RD STREET 700 NW 33RD STREET 290 B 290 B POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7100 W CAMINO REAL 7100 W CAMINO REAL Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 Chg-P CR2E034 (12/06) 401 BOCA KATON, City & State Applied For 4. FEI Number 65-0038248 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent L)ANIEL KULA, DANIEL Street Address (P.O. Box Number is Not Acceptable) 7100 W CAMINO REAL 700 NW 33RD STREET SUITE 290B POMPANO BEACH, FL 33064 Zip Cod 33433 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE DANIEL KULA Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE 🖵 Delete TITLE KULA, DANIEL 7100 W CAMINO REAL, SUITE 401 KULA, DANIEL NAME NAME STREET ADDRESS 700 NW 33RD STREET SUITE 290B STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP BOCA RATON, FL 33433 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting 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 redeiver 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 26, 2007 8:00 am