## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 29, 2008 8:00 am Secretary of State

1. Entity Name	MENT # N07000007 RIZON MEDICAL SOLUTIO			02-29-2008 9	-		
4211 NW 2 TERR 42		Mailing Address 4211 NW 2 TERR MIAMI, FL 33126	4211 NW 2 TERR				III <b>1</b> I I I I I I I I I I I I I I I I I I I
Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282008 Ch	g-NP CR	R2E037 (12/06)	
City & State		City & State		4. FEI Number 26 - 26	005263		plied For at Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ess of New Regist	ered Agent	
OLMO CIE	A DB	<del>-</del>	Name				
OLMO, CIRA DR. 4211 NW 2 TERR MIAMI, FL. 33126			Street Addr	ess (P.O. Box Number is N	iot Acceptable)		
	00120		· ·				ŀ
			City			FL Zip Cod	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or reg	gistered agent, or both, in	the State of Florida.	I am familiar with,	and accept
CICNATURE.							1
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature re	equired when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registered agent	9. Election Carr	npaign Financing	\$5.00 May Be	Make 6	check payable to	
SIGNATURE			npaign Financing	\$5.00 May Be Added to Fees	Make 6		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be	Make ( Floridà Ç	check payable to Department of Standard DIRECTORS IN	tate
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10.  YITLE  NAME  STREET ADDRESS, CITY-ST-ZIP  TITLE  NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI P OLMO, CIRA DR. 4211 NW 2 TERR MIAMI, FL 33126  VP RAMIREZ, JORGE	9. Election Cam Trust Fund C	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	\$5.00 May Be Added to Fees	Make ( Floridà Ç	check payable to Department of SI ND DIRECTORS IN	I 10 Addition
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I hereby certify that the information supplied with this filling does not examine on Chapter 119. Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shalf have the same legal effect as if made under oath; that ham an officer, or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: SIGNATURE AND TYPED OR PRINTED MANAGES

(30s) 533-0272 Daytime Phone #