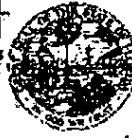


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**AMENDED
ANNUAL
REPORT**

DOCUMENT # N94000002802					
1. Entity Name GLOBAL HEALTH INFORMATION AND MEDICAL RESEARCH INSTITUTE, INC.				03 SEP -5 AM 11:30 03 SEP 5 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 35203 STATE ROAD 54 ZEPHYRHILLS, FL 33541		Mailing Address 35203 STATE ROAD 54 ZEPHYRHILLS, FL 33541		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address		X CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3249365 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIMBALL, JOSEPHINE 36205 STATE ROAD 64 ZEPHYRHILLS, FL 33541				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				600022789706 09/05/03--01033--005 **70.00 DATE	

FILE NOW. FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBALL, JAMES T % 35203 SR 64 ZEPHYRHILLS, FL 33541 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD JOSEPHINE KIMBALL 35205 SR 54 Zephyrhills, Fl 33541 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, WARD DR PO BOX 11097 PENSACOLA, FL 32524 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SSI ENTERPRISES, INC. % 400 SOUTH 4TH ST 3RD FL LAS VEGAS, NV 89109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SSI Enterprises, Inc. C/O 400 South 4th St. 3rd FL Las Vegas, NV 89109 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Toni Kimball 35203 SR 54 Zephyrhills, FL 33541 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 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: *Josephine Kimball Pres.* *Aug 12, 2003* *813-9730996*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)