2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 15, 2004
Secretary of State

DOCUMENT# N98000002733

Entity Name: TRUMED ED, INC.

Current Principal Place of Business:

20 EAST MELBOURNE AVENUE
104
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

20 EAST MELBOURNE AVENUE
104
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3517061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDRA, RAJIV M.D.,PA
20 EAST MELBOURNE AVENUE
MELBOURNE, FL 32901 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: D ( ) Delete
Name: CHANDRA, RAJIV MD
Address: 20 E. MELBOURNE AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Delete
Name: CHANDRA, PEGGY
Address: 20 E. MELBOURNE AVE # 104
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: MURPHY, TERRY
Address: 20 E. MELBOURNE AVE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAJIV CHANDRA, MD D 12/15/2004

Electronic Signature of Signing Officer or Director — Date