2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# P00000064539

Entity Name: EXPERT BIOMED, INC.

Current Principal Place of Business:

12550 BISCAYNE BOULEVARD
210/222
MIAMI, FL 33181

New Principal Place of Business:

12550 BISCAYNE BOULEVARD
210 AND 222
MIAMI, FL 33181

Current Mailing Address:

12550 BISCAYNE BOULEVARD
210/222
MIAMI, FL 33181

New Mailing Address:

1301 NE MIAMI GARDENS DR.
302
MIAMI, FL 33179

FEI Number: 65-1021844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALEY, ELENA DR.
1301 NE MIAMI GARDENS DRIVE
#302
NORTH MIAMI BEACH, 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PALEY, ELENA PH.D.
Address: 1301 NE MIAMI GARDENS DRIVE #302
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DR. ( ) Change (X) Addition
Name: PALEY, ELENA PH.D.
Address: 12550 BISCAYNE BOULEVARD SUITE 210 AND 222
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELENA PALEY DR. 09/01/2009

Electronic Signature of Signing Officer or Director — Date