2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90192 002 ***150.00

DOCUMENT # **P00000102812**

1. Entity Name
POWERMEDICA, INC.

Principal Place of Business	Mailing Address
245 N. OCEAN BLVD. SUIE 201 DEERFIELD BEACH, FL 33441	245 N. OCEAN BLVD. SUIE 201 DEERFIELD BEACH, FL 33441

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
600 W HILLSBORO BLVD.	600 W HILLSBORO BLVD
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc.: STE 104
City & State: DEERFIELD BEACH FL	City & State: DEERFIELD BEACH, FL
Zip: 33441 Country: USA	Zip: 33441 Country: USA

4. FEI Number: 65-1052987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAILEY, DANIEL 245 N. OCEAN BOULEVARD, SUITE 201 DEERFIELD BEACH, FL 33441	Name: DAILEY, DANIEL Street Address (P.O. Box Number is Not Acceptable): 600 W HILLSBORO BLVD STE 104 City: DEERFIELD BEACH FL Zip Code: 33441

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 [signature] 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAILEY, DANIEL 245 N. OCEAN BLVD. SUITE 201 DEERFIELD BEACH, FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/DIRECTOR DAILEY, DANIEL 600 W. HILLSBORO BLVD STE 104 DEERFIELD BEACH, FL 33441	☒ 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
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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 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.

SIGNATURE: [signature] DAN DAILEY 4-29-03 954-725-7551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)