2007 FOR PROFIT CORPORATION

FILED AS

	AN	NUAL I	REPORT	• • •				May	y U2, .	200 7	U8:U	
DOCUMENT # P00000104490 */							May 02, 2007 08:0 Secretary of Sta					
1. Entity Name SONICARE SOLUTIONS, INC.												
						TEE!						
Principal Plac	e of Business		Mailing Address									
1060 HOLLA Suite 3G	IND DRIVE		1060 HOLLAND DRIVE SUITE 3G					•				
BOCA RATON, FL 33487 BOCA RATON, FL 33487										ı BCBIR IETIL EBI		
2. Principal P	Place of Business - No P.C	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04470007	Ohr D	CDOESS	14 (40(00)		
							04172007	Chg-P	CHZEUS	34 (12/06)		
City & State			City & State				4. FEI Number Applied For 65-1056426 Not Applicable					
Zip	Country		Zip	try		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						
KJAERULFF, MICHAEL S					Name							
	TLE DRUM TERRAC NBEACH, FL 33437		Street Address (P.O. Box Numb	er is Not Acceptable	e) 				
				•								
						City FL Zip Code						
	named entity submits this tions of registered agent.	statement for th	e purpose of changing it	s registere	ed office or a	register	ed agent, or bo	ith, in the State of Fk	orida. I am fa	imiliar with,	and accept	
SIGNATURE 185 KWHH 4 4/30/07												
SIGNATURE Security 6, typed or printed have of registered agent and little if applicable. (NOTE: Registered Agent signalure required when re-instating) DATE												
FILE NOW!II FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.						\$5. Adde	00 May Be ed to Fees				•	
10.	,	FICERS AND DIF	RECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME	MR. KJAERULFF, MICHA	EIQ	☐ Defete TI							Change	Addition	
STREET ADDRESS	8885 KETTLE DRUM		NAM Stri		ET ADDRESS			000000 -05/22/07	754107 90042-0	(21 15A	00	
CITY-ST-ZIP	BOYNTON BEACH, F	FL 33437		CITY	-ST-ZIP			02/ 55/ 01			. 00	
TITLE NAME	MR. KJAERULFF, JOHN S	ŝ	☐ Delete	. TITLE	1					☐ Change	☐ Addition	
STREET ADDRESS	9240 COVE POINT C				ET ADDRESS							
CITY-ST-ZIP	BOYNTON BEACH, F	FL 33437			-ST-ZIP							
TITLE NAME		•	☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS				STAE	ET ADDRESS							
CITY+ST+ZIP			☐ Delete	CITY-	-ST-ZIP			 		☐ Change	☐ Addition	
NAME			. La Delete	NAME	I					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - \$T - ZIP						1	
TITLE		·	☐ Delete	TITLE			<u> </u>	<u>. </u>		☐ Change	Addition	
NAME				NAM	E						_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				ě			
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME				NAM	E					-		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STOCKAND TYPED ON PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

561-241-5982