2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106018

Entity Name: SEBA MEDICAL, INC.

FILED Apr 22, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
12179 SOUTH APOPKA VINELAND ROAD SUITE 122 ORLANDO, FL 32836				7512 DOCTOR PHILLIPS BLVD SUITE 50-211 ORLANDO, FL 32819		
Current Mailing Address:				New Mailing Address:		
12179 SOUTH APOPKA VINELAND ROAD SUITE 122 ORLANDO, FL 32836				7512 DOCTOR PHILLIPS BLVD SUITE 50-211 ORLANDO, FL 32819		
FEI Number:	59-3681088	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	, TED NDON CIRCL , FL 32836	E US				
The above in the State		submits this statement for the pu	rpose o	f changing it	s registered	office or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title:	KURINSKY, THI 12179 SOUTH A ORLANDO, FL	APOPKA VINELAND ROAD		Title: Name: Address: City-St-Zip: Title:	KURINSKY, T 7512 DOCTO ORLANDO, F	R PHILLIPS BLVD, SUITE 50-211
Name: Address: City-St-Zip:	()	Delete		Name: Address: City-St-Zip:	HARDOON, A	BE, DR R PHILLIPS BLVD, SUITE 50-211
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	HARDOON, B	R PHILLIPS BLVD, SUITE 50-211
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	HARDOON, E	R PHILLIPS BLVD, SUITE 50-211

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC HARDOON VD 04/22/2006