2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# P01000008155

Entity Name: CHIROMEDICAL, INC.

Current Principal Place of Business:

1361 SUMTER BLVD.
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

1361 SUMTER BLVD.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 22-3816076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN WINKLE, JAMES R
3337 PINE SHADOW CIR.
NORTH PORT, FL 34287

Name and Address of New Registered Agent:

VAN WINKLE, JAMES R
1106 DELMONTE STREET
NORTH PORT, FL 34288

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: _____ 04/12/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VAN WINKLE, JAMES R
Address: 14989 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VAN WINKLE, JAMES R
Address: 1361 SUMTER BLVD
City-St-Zip: NORTH PORT, FL 34287 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. VAN WINKLE PRES 04/12/2004
Electronic Signature of Signing Officer or Director — Date