2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P01000008964

Entity Name: HUDSON MEDICAL, CORPORATION

Current Principal Place of Business:

1520 N.W 128 DR
208
FORT LAUDERDALE, FL 33323

New Principal Place of Business:

444 BRICKELL AVE.
SUITE 51 - 434
MIAMI, FL 33131

Current Mailing Address:

1520 N.W 128 DR
208
FORT LAUDERDALE, FL 33323

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COVA, FRANK M
12890 SOUTH WEST 34 PLACE
DAVIE, FL 33330

Name and Address of New Registered Agent:

COVA, FRANK M
1520 N.W 128TH DR.
STE. 208
SUNRISE, FL 33323

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: FRANK M. COVA 04/30/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COVA, FRANK M
Address: 1520 N.W 128 DR,STE #208
City-St-Zip: FORT LAUDERDALE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COVA, FRANK M
Address: 1520 N.W 128 DR. STE #208
City-St-Zip: SUNRISE, FL 33323

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: FRANK M. COVA PD 04/30/2003
Electronic Signature of Signing Officer or Director — Date