

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038696

Entity Name: G.E. MEDICAL, INC.

FILED  
Apr 14, 2004  
Secretary of State

## Current Principal Place of Business:

1311-A DEL PRADO BLVD  
CAPE CORAL, FL 33990

## New Principal Place of Business:

## Current Mailing Address:

1311-A DEL PRADO BLVD  
CAPE CORAL, FL 33990

## New Mailing Address:

FEI Number: 65-1096946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUIDA, NICHOLAS J JR  
4100 EVANS AVE STE 19  
FT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

GUIDA, NICHOLAS J JR  
515 SE 20TH PLACE  
CAPE CORAL, FL 33990 US

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: NICHOLAS GUIDA

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GUIDA, NICHOLSAS J JR  
Address: 2267 SE 27 TERR  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: GUIDA, LINDA  
Address: 2267 SE 27 TERR  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GUIDA, NICHOLSAS J JR  
Address: 515 SE 20TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Change ( ) Addition  
Name: GUIDA, LINDA  
Address: 515 SE 20TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Change (X) Addition  
Name: GUIDA, ROBERT J  
Address: 1814 NE 20TH PLACE  
City-St-Zip: CAPE CORAL, FL 33909

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: LINDA GUIDA

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date