

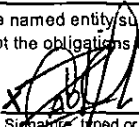
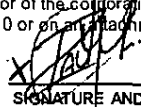
2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 MAR 24 AM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038775			
1. Entity Name FANER MEDICAL CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3030 SW 2 STREET Suite, Apt. #, etc.		3. Mailing Address 3030 SW 2 STREET Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI, FL	
Zip 33135	Country USA	Zip 33135	Country USA
		4. FEI Number 31-1775352	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name BLAS R. GONZALEZ	
		Street Address (P.O. Box Number is Not Acceptable) 3030 SW 2 STREET	
		City MIAMI	Zip Code FL 33135
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		BLAS R. GONZALEZ	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLAS R. GONZALEZ 3030 SW 2 STREET MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100014558631 03/24/03--01086--008 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		BLAS R. GONZALEZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 03/18/03 Daytime Phone #	