


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90265 008 ***150.00

DOCUMENT # P01000068218 1. Entity Name H-S MEDICAL, INC.					
Principal Place of Business 1200 CLINT MOORE ROAD SUITE 1 BOCA RATON, FL 33487			Mailing Address 1200 CLINT MOORE ROAD SUITE 1 BOCA RATON, FL 33487		
2. Principal Place of Business 6600 W ROGERS CIR		3. Mailing Address 6600 W. ROGERS CIR			
Suite, Apt. #, etc. SUITE #1		Suite, Apt. #, etc. SUITE #1			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-1122802	
Zip 33487		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIECO, MARK M ESQ 3109 45TH ST. WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD IMPROTA, ELENA 1200 CLINT MOORE ROAD, SUITE 1 BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD Improta, Elena 6600 W. Rogers Circle, Ste 1 Boca Raton, FL 33487-2805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC IMPROTA, LUCIO 1200 CLINT MOORE ROAD, SUITE 1 BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC Improta, Lucio 6600 W. Rogers Circle, Ste 1 Boca Raton, FL 33487-2805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTONE, ANTONIO 1200 CLINT MOORE ROAD, SUITE 1 BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Improta, MASSIMILIANO STEFANIA 6600 W. Rogers Circle, Ste 1 Boca Raton, FL 33487-2805 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTONE ANTONIO 6600 W. ROGERS CIRCLE STE 1 BOCA RATON, FL 33487-2805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Elena Improta</i></u> ELENA IMPROTA 01-10-06 561-443-3321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					