2003 FOR PROFIT CORPORATION

FILED Aug 25, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P02000018942 DOCUMENT # 1. Entity Name 08-25-2003 90111 001 ***150.00 MOMENTUM MEDICAL, INC. Principal Place of Business Mailing Address 7631 DOLONITA DRIVE 7631 DOLONITA DRIVE TAMPA FL 33615 **TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 03-039014 Not Applicable Country-= Country=== \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARTLOW, DAVID L Street Address (P.O. Box Number is Not Acceptable) 4100 WEST KENNEDY BOULEVARD SUITE 210 TAMPA FL 33609-2244 City Zin 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change Addition TITLE **GUERIN, LINDA M** NAME * NAME **7631 DOLONITA DRIVE** STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE CROCKER, RONALD L NAME NAME STREET ADDRESS 4882 W. GANDY BLVD. #E-101 STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Channe ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Delete

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 Block 11 if changed, or on an attachment with an addres other like empowered.

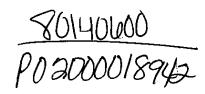
CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-7IP





August 12th, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahasse, FL 32302-1500

To Whom This May Concern:

Enclosed please find a check in the amount of \$ 150.00 in payment of Momentum Medical, Inc.'s 2003 Uniform Business Report filing fee.

Please accept our apologies for the late payment of this fee, but unfortunately we never received the original report to file in compliance with your regulations. The reason remains unknown as to why the first one was not received, but per instructions provided in item number one(1) of the "Frequently Asked Questions" section of your report booklet, I have written this letter to advise you of its non-receipt and request that you please waive the late fee indicated and accept the original fee amount enclosed as full payment. We do not want our corporation status to be endangered and wish to be in full compliance with your regulations at all times.

Please confirm receipt and acceptance of our 2003 UBR, our payment and this letter, so that I will know that all reached you in a timely fashion. Should you need anything further from me, please do not hesitate to contact me by mail or telephone. You will find my contact information indicated at the bottom of this letter.

I wish to Thank You in advance for your assistance in this matter.

Respectfully yours,

Linda M. Guerin

President

Enclosures: UBR & Fee Payment