

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058258

Entity Name: WHEELER MEDICAL, INC.

FILED
Jan 14, 2004
Secretary of State

Current Principal Place of Business:

555 SW 12 AVE, STE 203
POMPANO BEACH, FL 33069

New Principal Place of Business:

10200 STATE ROAD 84
#227
DAVIE, FL 33324

Current Mailing Address:

555 SW 12 AVE, STE 203
POMPANO BEACH, FL 33069

New Mailing Address:

10200 STATE ROAD 84
#227
DAVIE, FL 33324

FEI Number: 04-3674893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DASKOS, EMANUEL
555 SW 12 AVE, STE 203
POMPANO BEACH, FL 33069

Name and Address of New Registered Agent:

DASKOS, EMANUEL
10200 STATE ROAD 84
#227
DAVIE, FL 33324

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:

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DASKOS, EMANUEL
Address: 555 SW 12 AVE, STE 203
City-St-Zip: POMPAN0 BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DASKOS, EMANUEL
Address: 10200 STATE ROAD 84 #227
City-St-Zip: DAVIE, FL 33324

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: EMANUEL DASKOS

DIR

01/14/2004

Electronic Signature of Signing Officer or Director

Date