

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069426

FILED
Mar 18, 2004
Secretary of State

Entity Name: GULF MEDICAL FIBEROPTICS, INC.

Current Principal Place of Business:

376 DOUGLAS RD, UNIT D
OLDSMAR, FL 34677

New Principal Place of Business:

148 DUNBAR , UNITB
OLDSMAR, FL 34677

Current Mailing Address:

376 DOUGLAS RD, UNIT D
OLDSMAR, FL 34677

New Mailing Address:

148 DUNBAR AVE, UNIT B
OLDSMAR, FL 34677

FEI Number: 51-0417185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETTS, PATRICK
376 DOUGLAS RD, UNIT D
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

BENNETTS, PATRICK
148 DUNBAR AVE, UNIT B
OLDSMAR, FL 34677 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: PATRICK BENNETTS

03/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AFANADOR, MARCELINO
Address: 10802 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: BENNETTS, PATRICK
Address: 3450 MARGATE DR
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: KERNS, CHRISTOPHER
Address: 739 6 ST SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AFANADOR, MARCELINO
Address: 1700 HIBISCUS CIRCLE NORTH
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change () Addition
Name: BENNETTS, PATRICK
Address: 1304 CALAMONDIN DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARCELINO AFANADOR

PRES

03/18/2004

Electronic Signature of Signing Officer or Director

Date