

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069426

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: GULF MEDICAL FIBEROPTICS, INC.

## Current Principal Place of Business:

148 DUNBAR , UNITB  
OLDSMAR, FL 34677

## New Principal Place of Business:

## Current Mailing Address:

148 DUNBAR AVE, UNIT B  
OLDSMAR, FL 34677

## New Mailing Address:

FEI Number: 51-0417185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AFANADOR, MARCELINO  
148 DUNBAR AVE, UNIT B  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete  
Name: BENNETTS, PATRICK  
Address: 1304 CALAMONDIN DRIVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BENNETTS, PATRICK  
Address: 1583 SANTABARBARA DR.  
City-St-Zip: DUNEDIN, FL 34698

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 Chapter 119, 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

01/26/2006

Electronic Signature of Signing Officer or Director

Date