2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # P02000082460 1. Entity Name DIGITALMED CORP Principal Place of Business Mailing Address 4210 NW 4TH ST 4210 NW 4TH ST MIAMI, FL 33126 MIAMI, FL 33126 US 04042005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0419386 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARCALA, ROBERTO P JR DO NOT WRITE 11921 S.W. 7 STREET PEMBROKE PINES, FL 33025 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE BARCALA, ROBERTO P NAME 11921 S.W. 7 ST. STREET ADDRESS U00000296431 CITY-ST-ZIP PEMBROKE PINES, FL 33025 <u>04/09/</u>05-80069-003 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP 12. I hereby certify that the information supplied which 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 occupiemental report is frue 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 emproyered 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 addition with all other like empowered.

ROBERD P. BARCACA

ARESIDEN

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4105

(201) 444/WW

Daytime Phone #