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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084220

1. Entity Name
GLOBAL MEDICAL NETWORK TRADING CORP.

Principal Place of Business	Mailing Address
3150 WEST ROLLING HILLS CIRCLE SUITE #310 DAVIE, FL 33328	3150 WEST ROLLING HILLS CIRCLE SUITE #310 DAVIE, FL 33328

700021840787
07/28/03--01041--005 **550.00

2. Principal Place of Business	3. Mailing Address
27 Royal Palm	27 Royal Palm
Suite, Apt. #, etc. # 303	Suite, Apt. #, etc. # 303
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33432 Country USA	Zip 33432 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3706353 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name MANN + WOLF, LLP
Street Address (P.O. Box Number is Not Acceptable) 4300 N. University Dr.
Suite C-203
City Sunrise FL Zip Code 33351

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. MANN + WOLF, LLP

SIGNATURE [signature] Andrew L. Mann, Esq. 7/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MAGUIRE, MICHAEL 3150 WEST ROLLING HILLS CIRCLE, SUITE #310 DAVIE, FL 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 27 Royal Palm # 303 Boca Raton, FL 33432
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CR2E034 (10/02)

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 address, with all other like empowered.

SIGNATURE: [signature] July 18 2003 954-725-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/29