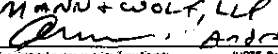
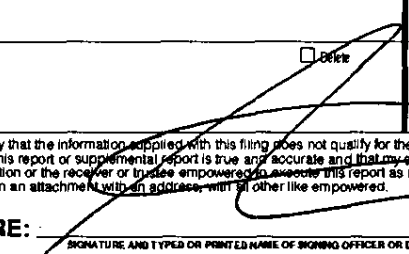


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000084220			
1. Entity Name GLOBAL MEDICAL NETWORK TRADING CORP.			
Principal Place of Business 3150 WEST ROLLING HILLS CIRCLE SUITE #310 DAVIE, FL 33328		Mailing Address 3150 WEST ROLLING HILLS CIRCLE SUITE #310 DAVIE, FL 33328	
2. Principal Place of Business 27 Royal Palm Suite, Apt., #, etc. # 303 City & State Boca Raton FL Zip 33432 Country USA		3. Mailing Address 27 Royal Palm Suite, Apt., #, etc. # 303 City & State Boca Raton FL Zip 33432 Country USA	
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 33357	
8. The above named entry 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, typed or printed name of registered agent and title if applicable.		DATE 7/16/03 (NOTE: Registered Agent's signature required when necessary)	
FILE NOW!!! FEE IS \$160.00 After May 17, 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	27 Royal Palm # 303 Boca Raton, FL 33432 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(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 or without other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date July 18 2003 954-725-1901 Daytime Phone	

CR2E034 (10/02)

7/2/03