2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 20, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # P0200 C MEDICAL, INC.	0093635			04-28-2003 91448 0		150.00
Principal Place of Business Mailing Address				\neg	33642	188	
628 PONTE VERDA BLVD. 628 PONTE VERDA BLVD.				Ì	•		
PONTE VERD	A BEACH FL 32082	PONTE VERDA BEACH FL	32082				
2. Principal Place of Business		3. Mailing Address D.O. /Sox 2103			T THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE	II	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		DONTE VEDRA BEACH, FI		4. FE	Number 18-12-71955	———	plied For at Applicable
Zip	Country	32004	ST JOHNS		Fe	B.75 Add Beguire	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent			
BENNETT, PHILLIP N					Number is Not Acceptable)		
628 PONTE VERDA BLVD.			_ ~_ Street Address	SILMORIBOX	Number(is:Not Acceptable)		
PONTE VI	erda Beach FL 32082	_					
			City		FL	Zip Code	9
	tions of registered agent.		·		, or both, in the State of Florida. I am larr	niliar with,	and accept
	Signature, typed or printed name of registered agent &	AVATE مناه مقدمه که مانند اس	الرجيب ومرجم محانم ويروب فالمحمول والمحمول والمحمول	سعسمتهم محطوب استدد			
		in the triphesion. (NOTE	Registered Agent eignature requi	T T	sting) DATE		
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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 feport 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: