

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119547

Entity Name: BETA MEDICAL INC.

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

20725 NE 16TH AVE SUITE A29
NORTH MIAMI, FL 33179

New Principal Place of Business:

4014 N 30TH AVE
HOLLYWOOD, FL 33020

Current Mailing Address:

20725 NE 16TH AVE SUITE A29
NORTH MIAMI, FL 33179

New Mailing Address:

4014 N 30TH AVE
HOLLYWOOD, FL 33020

FEI Number: 27-0035842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMBKOSKI, DAMON
20725 NE 16TH AVE SUITE A29
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

DEMBKOSKI, DAMON
4014 N 30TH AVE
HOLLYWOOD, FL 33020 US

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:

04/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DEMBKOSKI, DAMON
Address: 20725 NE 16TH AVE SUITE A29
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DEMBKOSKI, DAMON
Address: 4014 N 30TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify 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: DAMON DEMBKOSKI

CEO

04/27/2008

Electronic Signature of Signing Officer or Director

Date