2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AN **DOCUMENT # P02000125013 Secretary of State** 1. Entity Name FLEX MEDICAL INC. Principal Place of Business Mailing Address 6128 CURRY FORD RD. 6128 CURRY FORD RD. #156 ORLANDO FL 32822 US ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State 4. FEI Number City & State 85-0485894 Not Applicable Country Ζıρ Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, DAREN M Street Address (P.O. Box Number is Not Acceptable) 6128 CURRY FORD RD. #156 ORLANDO, FL. FL 32822 City Zip Code 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 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 9. Election Campaign Financing \$5.00 May & After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TIFLE ☐ Change 🔲 Addiji ☐ Delete TITLE NAME NAME PRICE, DAREN M 11000000442226 STREET ADDRESS STREET ADDRESS 6128 CURRY FORD RD. #156 03/04/06 80010-010 150.00 CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP ☐ Change Adds: ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIF ☐ Delete ☐ Change Addis-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Additi THEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Aca " TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - St - 71P ☐ Chance Addition TITLE ☐ Delete THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direction of the corporation or the receiver or trustee empowered prescute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1

ther like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachme

SIGNATURE:

FILED

407-306-83/R