

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127648

FILED
Apr 26, 2005
Secretary of State

Entity Name: PREFERRED MEDICAL DEVICES, INC.

Current Principal Place of Business:

6400 CONGRESS AVENUE, SUITE 2800
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6400 CONGRESS AVENUE, SUITE 2800
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 05-0543562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTO, EDGAR
6400 CONGRESS AVENUE, SUITE 2800
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OTTO, EDGAR
Address: 8558 HORSESHOE LANE
City-St-Zip: BOCA RATON, FL 33496

Title: VTS () Delete
Name: CHAPMAN, KAMALA
Address: 7327 TILLMAN DR.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDGAR OTTO

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date