

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009648

Entity Name: SYMPHONY MEDICAL, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

6320 NW 84TH AVENUE  
MIAMI, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

1110 BRICKELL AVENUE  
SEVENTH FLOOR  
MIAMI, FL 33131 US

## New Mailing Address:

FEI Number: 16-1651387      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVINE, ALAN W ESQUIRE  
1110 BRICKELL AVENUE  
SEVENTH FLOOR  
MIAMI, FL 33131 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: P ( ) Delete  
Name: RAMOS, ANDY  
Address: 6320 NW 84TH AVENUE  
City-St-Zip: MIAMI, FL 33166 US

Title: EVP ( ) Delete  
Name: CALLAHAN, TIMOTHY J  
Address: 6320 NW 84TH AVENUE  
City-St-Zip: MIAMI, FL 33166 US

Title: SVP ( ) Delete  
Name: BELLAVANCE, MICHEL  
Address: 6320 NW 84TH AVENUE  
City-St-Zip: MIAMI, FL 33166 US

Title: T ( ) Delete  
Name: CALLAHAN, TIMOTHY J  
Address: 6320 NW 84TH AVENUE  
City-St-Zip: MIAMI, FL 33166 US

Title: S ( ) Delete  
Name: BELLAVANCE, MICHEL  
Address: 6320 NW 84TH AVENUE  
City-St-Zip: MIAMI, FL 33166 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: RAMOS, ANDY  
Address: 6320 NW 84TH AVENUE  
City-St-Zip: MIAMI, FL 33166 US

Title: PCOO (X) Change ( ) Addition  
Name: CALLAHAN, TIMOTHY J  
Address: 6320 NW 84TH AVENUE  
City-St-Zip: MIAMI, FL 33166 US

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

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 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: ANDY RAMOS

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date