2006 FOR PROFIT CORPORATION ANNUAL REPORT

5.

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90370 001 ***150.00

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1. Entity Name
GATOR MED, INC.

66018452

04252006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
311 ALEDO AVENUE CORAL GABLES FL 33134-7024	311 ALEDO AVENUE CORAL GABLES FL 33134-7024

2. Principal Place of Business	3. Mailing Address
1438 ROBBIA AVE.	1438 ROBBIA AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33146-1924 Country: US	Zip: 33146-1924 Country: US

4. FEI Number: 54-2101775 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIEGLER, JAMES 9002 SOUTHWEST 152ND STREET MIAMI, FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	DACOSTA, ALBERT	NAME	DACOSTA, ALBERT
STREET ADDRESS	311 ALEDO AVENUE	STREET ADDRESS	1438 ROBBIA AVE
CITY-ST-ZIP	CORAL GABLES, FL 331347024	CITY-ST-ZIP	CORAL GABLES, FL 33146-1924
TITLE	S ☐ Delete	TITLE	S ☒ Change ☐ Addition
NAME	DA COSTA, JENNIFER	NAME	DACOSTA JENNIFER
STREET ADDRESS	311 ALEDO AVENUE	STREET ADDRESS	1438 ROBBIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 331347024	CITY-ST-ZIP	CORAL GABLES, FL 33146-1924
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jennifer Da Costa 6/1/06 305-666-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #