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Secretary of State

05-01-2006 90370 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030048

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

RIEGLER, JAMES
9002 SOUTHWEST 152ND STREET
MIAMI, FL 33157

7. Name and Address of New Registered Agent

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DACOSTA, ALBERT 311 ALEDO AVENUE CORAL GABLES, FL 331347024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DACOSTA, ALBERT 1438 ROBBIA AVE CORAL GABLES, FL 33146-1924	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DA COSTA, JENNIFER 311 ALEDO AVENUE CORAL GABLES, FL 331347024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DACOSTA, JENNIFER 1438 ROBBIA AVE. CORAL GABLES, FL 33146-1924	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #