2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$27 Addition Fee Required \$3. Certificate of Status Desired \$3. Addition Fee Required \$3. Certificate of Status Desired \$3. Addition Fee Required \$3. Certificate of Status Desired \$3. Addition Fee Required \$3. Certificate of Status Desired \$3. Certificate of Status Desired Agent \$3. Certificate of Status Desired Agent Agent \$3. Certificate of Status Desired Agent \$3. Certificate \$3. Certificate of Status Desired Agent \$3. Certi	DOCUMENT # P03000054500 1. Entity Name SOUTHWEST MED-TECH, INC.						04-26-2004 91052 029 ***150.00				
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Sulfe, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Q4152004 Chg-P CR2E034 (10/03) City & State	*	• •									
City & State Country A FEI Number 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of New Registered Agent Name City FL Zip Code City FL Zip Cod	Principal Place of Business Address Mailing Address										
Zip Country Zip Country 5. Certificate of Status Deaired St.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DECKO, BERNARD P JR 523W. GOODLAND DRIVE GOODLAND RIVE GOODLAND, FL 34140 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 the obligations of registered agent. SIGNATURE FILE NOWIII FEE is \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			Chg-P	CR2E034 ((10/03)			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent PECKO, BERNARD P JR. 523 W. GOODLAND DRIVE GOODLAND, FL 34140 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code To above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the collegations of registered agent and title if applicable. NOTE Registered Agent sphare recorded when refinishing and the state of Florida. I am familiar with, and the collegations of registered agent and title if applicable. NOTE Registered Agent sphare recorded when refinishing and the state of Florida. I am familiar with, and the collegations of registered agent. SIGNATURE Symann, typed or printed name of registered agent and title if applicable. NOTE Registered Agent sphare recorded when refinishing and the state of Florida. I am familiar with, and the collegations of registered agent. DATE TOTAL FROM INTERPRINTED AGENT ACCENTAGES OF FIGERS AND DIRECTORS IN THE NAME SIREET ADDRESS ORTH-ST-2P NAME SIREET ADDRESS ORTH-ST-2P THE NAME SIREET ADDRESS ORTH-ST-2P	City & State City & State								<u> </u>	plied For Applicable	
DECKO, BERNARD P JR, 523 W. GOODLAND, FL 34140 Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	try						
DECKO, BERNARD P JR 523 W. GOODLAND, FL 34140 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 the obligations of registered agent and title if applicable. SIGNATURE Signature, typed or crimed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS III. MAKE MAKE SIRET ADDRESS ORTY-ST-2P TITLE MAME MAKE SIRET ADDRESS ORTY-ST-2P TITLE MAME MAME SIRET ADDRESS ORTY-ST-2P TITLE MAME SIRET ADDRESS ORTY-S		6. Name and Address of Currer	nt Registered Agent	·		7. Name and A	ddress of New R	egistered Age	nt -		
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