

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90091 030 ***150.00

DOCUMENT # P03000065822 1. Entity Name DURACURE BIOMEDICA, INC.																																																																				
Principal Place of Business 3102 NW 57TH TERRACE GAINESVILLE, FL 32606 US			Mailing Address 3102 NW 57TH TERRACE GAINESVILLE, FL 32606 US																																																																	
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																	
City & State			City & State																																																																	
Zip		Country		Zip																																																																
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 15%; padding: 2px;">NAME</td> <td style="width: 15%; padding: 2px;">STREET ADDRESS</td> <td style="width: 15%; padding: 2px;">CITY - ST - ZIP</td> <td style="width: 10%; padding: 2px; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>D</td> <td>CHANG, LUNG-JI</td> <td>3102 NW 57TH TERRACE</td> <td></td> </tr> <tr> <td></td> <td></td> <td>GAINESVILLE, FL</td> <td>32606</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 15%; padding: 2px;">NAME</td> <td style="width: 15%; padding: 2px;">STREET ADDRESS</td> <td style="width: 15%; padding: 2px;">CITY - ST - ZIP</td> <td style="width: 10%; padding: 2px; text-align: center;">Change</td> <td style="width: 10%; padding: 2px; text-align: center;">Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete		D	CHANG, LUNG-JI	3102 NW 57TH TERRACE				GAINESVILLE, FL	32606		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition																																										
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> 4/17/2004 352-3365301 </div> <small>Date Daytime Phone #</small>																																																																