

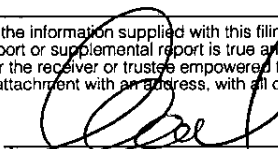


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90408 022 ***150.00

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|--|---|--|--|---|--|
| DOCUMENT # P03000088409 1. Entity Name FLORIDIAN MEDICAL, INC. | | | |  | |
| Principal Place of Business 6644 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435 | | | Mailing Address 6644 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435 | | |
| 2. Principal Place of Business 201 Alhambra Circle Suite, Apt. #, etc. 502 | | 3. Mailing Address 201 Alhambra Circle Suite, Apt. #, etc. 502 | | 94079879  | |
| City & State Coral Gables, FL Zip 33134 Country | | City & State Coral Gables, FL Zip 33134 Country | | 4. FEI Number 16-1679923 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQ. 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES, FL 33134 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD POLISCHUK, MURRAY 6644 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ARVESU MANUEL M. 201 Alhambra Circle, Ste 502 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ARNE, JAY 6644 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered. | | | | | |
| SIGNATURE:  Manuel M. Arvesu <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/30/04 Daytime Phone # 305-442-2558 | | |