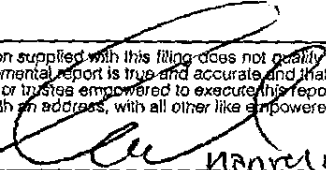


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000088409 1. Entity Name FLORIDIAN MEDICAL, INC.			
Principal Place of Business 201 ALHAMBRA CIRCLE 502 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIRCLE 502 CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		 04272006 No Chg-P CR2E034 (11/05)	
4. FEI Number 16-1679923		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQ. 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE	
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) Signature, typed or printed name of registered agent and title if applicable.			
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		000000542740 05/10/06-80109-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARVESU, MANUEL M 201 ALHAMBRA CIRCLE STE 502 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS 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:  MANUEL M. ARVESU 4/27/06 305-442-2558 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			