


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
 Apr 18, 2005 08:00 AM  
 Secretary of State  
*Division of P-2-B Callahan*

**DOCUMENT # P03000089209**  
 1. Entity Name  
**SEABREEZE MEDICAL NETWORK, INC.**



Principal Place of Business      Mailing Address  
 10023 TRANQUILITY WAY      10023 TRANQUILITY WAY  
 TAMPA, FL 33625 US      TAMPA, FL 33625 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04052005      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**51-0478321**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 WILKINSON, MICHAEL R  
 10023 TRANQUILITY WAY  
 TAMPA, FL 33625

**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, 2005 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	P WILKINSON, MICHAEL 10023 TRANQUILITY WAY TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000311561 04/18/05-80050-013 150.00
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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:** \_\_\_\_\_      Date 4/12/05      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR