2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 23, 2006
Secretary of State

DOCUMENT# P03000117831

Entity Name: PRECISION MEDICAL SYSTEMS, INC

Current Principal Place of Business:

20532 SW 324 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

20532 SW 324 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 56-2437237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GENTILE, JOHN D CPA
1601 N. PALM AVE SUITE 212
HOLLYWOOD, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: PORTILLO, MYRIAM E
Address: 20532 SW 324 ST
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VP ( ) Delete
Name: GARCIA, PRISCILLA
Address: 4365 MAHAGONY RIDGE DRIVE
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: NIEVES, RAFAEL
Address: 20532 SW 324 ST
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRIAM PORTILLO P 10/23/2006

Electronic Signature of Signing Officer or Director — Date