

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000148297

Entity Name: LYN MEDICAL, INC.

FILED
Oct 01, 2007
Secretary of State

Current Principal Place of Business:

8145 W. 28TH AVE.
SUITE 210
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

8145 W. 28TH AVE.
SUITE 210
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 20-0471106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JULIO C
8145 W. 28TH AVE
SUITE 210
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

PAREDES, JOYCE R
8145 W. 28TH AVE
SUITE 210
HIALEAH, FL 33016 US

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: JOYCE R PAREDES

10/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, JULIO C
Address: 8145 W. 28TH AVE, SUITE #210
City-St-Zip: HIALEAH, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAREDES, JOYCE R
Address: 8145 W. 28TH AVE, SUITE #210
City-St-Zip: HIALEAH, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE R PAREDES

P

10/01/2007

Electronic Signature of Signing Officer or Director

Date