

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006355

Entity Name: STRUCTURE MEDICAL, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

2975 S. HORSESHOE DRIVE, STE. 400
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

2975 S. HORSESHOE DRIVE, STE. 400
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-0554041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M
821 FIFTH AVENUE SOUTH, STE. 201
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZAISER, LENOIR E SR.
Address: 550 ADMIRALTY PARADE WEST
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S () Change (X) Addition
Name: CONFOY, KEVIN W
Address: 2975 S HORSESHOE DR SUITE 600
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN W. CONFOY

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04/20/2005

Electronic Signature of Signing Officer or Director

Date