2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P04000008683

Entity Name: ALCA MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

5979 NW 151 ST. STE. 224
MIAMI LAKES, FL 33014

New Principal Place of Business:

8004 NW 154 STREET # 249
MIAMI LAKES, FL 33016

Current Mailing Address:

16300 NE 19 AVE. SUITE C,
N. MIAMI BEACH, FL 33162

New Mailing Address:

8004 NW 154 STREET # 249
MIAMI LAKES, FL 33016

FEI Number: 20-0575517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, FERNANDO
16300 NE 19 AVE. STE. C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SILVA, FERNANDO
5220 S. UNIVERSITY DRIVE
SUITE C-102
DAVIE, FL 33328 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: FERNANDO SILVA 05/01/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MATOS, MARCOS
Address: 8004 NW 154 STREET # 249
City-St-Zip: HIALEAH, FL 33016

Title: VPD ( ) Delete
Name: APONTE, CARLOS
Address: 8004 NW 154 STREET #249
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARCOS MATOS PD 05/01/2007
Electronic Signature of Signing Officer or Director Date