

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064132

Entity Name: SEAGRAPE MEDICAL, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

50 NE 26TH AVENUE
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

2750 NE 9TH COURT
POMPANO BEACH, FL 33062 US

Current Mailing Address:

50 NE 26TH AVENUE
POMPANO BEACH, FL 33062 US

New Mailing Address:

2750 NE 9TH COURT
POMPANO BEACH, FL 33062 US

FEI Number: 65-0740958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPERTUS, ARLENE
50 NE 26TH AVENUE
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

SPERTUS, ARLENE
2750 NE 9TH COURT
POMPANO BEACH, FL 33062 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: ARLENE SPERTUS

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: SPERTUS, ARLENE
Address: 50 NE 26TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33062 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: SPERTUS, ARLENE
Address: 2750 NE 9TH COURT
City-St-Zip: POMPANO BEACH, FL 33062 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: ARLENE SPERTUS

DPTS

04/17/2007

Electronic Signature of Signing Officer or Director

Date