

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069797

Entity Name: VALUE MEDICAL, INC.

FILED
May 23, 2005
Secretary of State

Current Principal Place of Business:

4801 LINTON BLVD. #11A
SUITE 652
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4801 LINTON BLVD. #11A
SUITE 652
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLOCK, KENNETH S
2101 NW CORPORATE BLVD., SUITE 414
BOCA RATON, FL 33431 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

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: D () Delete
Name: RUNSDORF, ADAM P
Address: 4077 NW 79TH AVE.
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete
Name: SINGER, ADAM R
Address: 4077 NW 79TH AVE.
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete
Name: POLLOCK, KENNETH S
Address: 4077 NW 79TH AVE.
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUNSDORF, ADAM P
Address: 1160 SOUTH ROGERS CIRCLE
City-St-Zip: BOCA RATON, FL 33487

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 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: ADAM RUNSDORF

PRES

05/23/2005

Electronic Signature of Signing Officer or Director

Date