2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P04000095937

Entity Name: ENDOTECNICA MEDICAL DEVICES, INC.

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY, STE 413
SUNRISE, FL 33323

New Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY, STE 413
SUITE 413
SUNRISE, FL 33323

Current Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY, STE 413
SUNRISE, FL 33323

New Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY, STE 413
SUITE 413
SUNRISE, FL 33323

FEI Number: 20-1280485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: T ( ) Delete
Name: RAMOS, CARLOS
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: P ( ) Delete
Name: CONTRAMAESTRE, WUALDINT PEREZ
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: CONTRAMAESTRE, MAYRA PEREZ
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: CONTRAMAESTRE, ANA
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: WUALDINT PEREZ P 03/23/2009

Electronic Signature of Signing Officer or Director — Date