
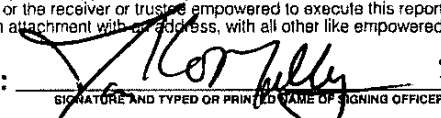


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90259 006 \*\*\*150.00

<b>DOCUMENT # P04000157269</b> 1. Entity Name <b>APEX MEDICAL, INC.</b>					
Principal Place of Business <b>3802 LYNWOOD AVE TAMPA, FL 33611 US</b>			Mailing Address <b>3802 LYNWOOD AVE TAMPA, FL 33611 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-1894733</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'MALLEY, JAMES K 3802 LYNWOOD AVE TAMPA, FL 33611</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>O'MALLEY, JAMES K</b> <b>3802 LYNWOOD AVE</b> <b>TAMPA, FL 33611</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAXWELL, MICHAEL L</b> <b>19336 AUTUMN WOODS AVE</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>James K. O'Malley</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/26/05</b> Daytime Phone <b>(813) 690-3908</b>					