

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167809

Entity Name: DLJ MEDICAL, INC

FILED  
Mar 17, 2006  
Secretary of State

## Current Principal Place of Business:

629 RANDON TERRACE  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

629 RANDON TERRACE  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 20-2004529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVID, NEW  
629 RANDON TERRACE  
LAKE MARY, FL 32746 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: P/D ( ) Delete  
Name: DAVID, NEW  
Address: 629 RANDON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: NEW, DAVID  
Address: 629 RANDON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Change (X) Addition  
Name: KAMINSKY, LISA M  
Address: 629 RANDON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

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: DAVID NEW

PRES

03/17/2006

Electronic Signature of Signing Officer or Director

Date