

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000000236

FILED
Mar 22, 2008
Secretary of State**Entity Name:** MARTI MEDICAL DISTRIBUTORS INC**Current Principal Place of Business:**19274 SOUTH HIBISCUS STREET
WESTON, FL 33332 US**New Principal Place of Business:****Current Mailing Address:**19274 SOUTH HIBISCUS STREET
WESTON, FL 33332 US**New Mailing Address:****FEI Number:** 20-2104011**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARK D WARSHAVER PA
1640 TOWN CENTER CIRCLE
SUITE 216
WESTON, FL 33326 US**Name and Address of New Registered Agent:**MARTI, EDUARDO
19274 SOUTH HIBISCUS STREET
WESTON, FL 33332 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: EDUARDO MARTI

03/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MARTI, EDUARDO M
Address: 19274 SOUTH HIBISCUS STREET
City-St-Zip: WESTON, FL 33332 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: EDUARDO M MARTI

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03/22/2008

Electronic Signature of Signing Officer or Director

Date