

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019443

Entity Name: MEDICAL BAY, INC.

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

15380 SW 20TH LANE
MIAMI, FL 33185

New Principal Place of Business:

4345 SW 72ND AVENUE
SUITE E
MIAMI, FL 33155

Current Mailing Address:

15380 SW 20TH LANE
MIAMI, FL 33185

New Mailing Address:

4345 SW 72ND AVENUE
SUITE E
MIAMI, FL 33155

FEI Number: 20-2313874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE VARONA, JOSE L
15380 SW 20TH LANE
MIAMI, FL 33185 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: D () Delete
Name: DE VARONA, JOSE L
Address: 15380 SW 20TH LANE
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: PEREZ, SERAFIN
Address: 1328 NW 24TH AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: DE VARONA, JOSE L
Address: 15380 SW 20TH LANE
City-St-Zip: MIAMI, FL 33185

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 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: JOSE DE VARONA

P

04/05/2006

Electronic Signature of Signing Officer or Director

Date