

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056534

FILED  
Apr 25, 2010  
Secretary of State

Entity Name: LEXI MEDICAL CORP.

**Current Principal Place of Business:**

1985 S. OCEAN DRIVE  
16N  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1985 S. OCEAN DRIVE  
16N  
HALLANDALE, FL 33009 US

**New Mailing Address:**

FEI Number: 20-2679937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL REY, WALDO  
1985 S. OCEAN DRIVE  
16N  
HALLANDALE BEACH, FL 33009 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  
Name: DEL REY, WALDO  
Address: 1985 S. OCEAN DRIVE, 16N  
City-St-Zip: HALLANDALE, FL 33009 US

Title: SEC  
Name: DEL REY, ALICIA  
Address: 1985 S. OCEAN DRIVE, 16N  
City-St-Zip: HALLANDALE, FL 33009 US

I hereby 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 all other like empowered.

SIGNATURE: WALDO DEL REY

PRES

04/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date