2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066376

Entity Name: ACCUMED RX INC.

City-St-Zip:

TAMPA, FL 33606

FILED Apr 25, 2006 Secretary of State

| Current P | rincipal Plac | e of Business: | New Principal Place o | New Principal Place of Business: | |
|---|---|--------------------------------|------------------------------------|--|--|
| 3104 WES TAMPA, F | | VENUE SUITE 104B | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 3104 WES TAMPA, F | | VENUE SUITE 104B | | | |
| FEI Number | : 05-0622238 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| |), MICHAEL ST CASS STR 'L 33606 U | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financir | g Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: | D (BETANCOURT 1906 WEST C | ž | Title: Name: Address: | () Change () Addition | |

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: ELINA BETANCOURT D 04/25/2006