2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072911

Entity Name: FRONTIER MEDICAL CORP.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2424 N FEDERAL HWY - STE 411 5180 W. ATLANTIC AVE BOCA RATON, FL 33431

SUITE 123

DELRAY BEACH, FL 33484

Current Mailing Address: New Mailing Address:

2424 N FEDERAL HWY - STE 411 5180 W. ATLANTIC AVE BOCA RATON, FL 33431 SUITE 123

DELRAY BEACH, FL 33484

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

POLLOCK, KENNETH S ARIOLI, EDWARD 2424 N FEDERAL HWY - STE 411

5180 W. ATLANTIC AVE, SUITE 123 BOCA RATON, FL 33431 DELRAY BEACH, FL 33484

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: EDWARD ARIOLI 04/28/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change (X) Addition FARNSWORTH, THEODORE Name: Name: Address: 5180 W. ATLANTIC AVE, SUITE 123 Address: City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: THEODORE FARNSWORTH PD 04/28/2006