2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084779

Entity Name: FMD MEDICAL CORP

FILED Jan 16, 2008 Secretary of State

Titley Ita		IOAL COITT.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3659 S MI SUITE 500 MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3659 S MI SUITE500 MIAMI, FL					
FEI Number	: 20-2997315	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:	
3659 S MÍ SUITE 500	, EDWARD AMI AVENUE 05 33133 US				
	e named entity s e of Florida.	ubmits this statement for th	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
		c Signature of Registered /	Agent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FIDALGO, EDW	VENUE STE 5005	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DE LEON, ROLA	VENUE STE 5005	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MENDIA, JORGE	VENUE STE 5005	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

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: EDWARD FIDALGO DP 01/16/2008