


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P05000138870 1. Entity Name PRIZM MEDICAL INC. |  |
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|---|---|
| Principal Place of Business 2325 S TAMiami TRAIL STE B SARASOTA, FL 34239 | Mailing Address 2325 S TAMiami TRAIL STE B SARASOTA, FL 34239 |
|---|---|



01222008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-3603858 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GARDI, LES CPA
7061 S TAMiami TRAIL
SARASOTA, FL 34231-5559

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000834079
02/28/08-80039-004 150.00

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES BARBIERI, MURIEL 2325 S. TAMiami TRAIL SARASOTA, FL 34239 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Muriel Barbieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____