

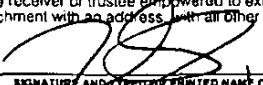
2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2006-90321-043-\$150.00-\$150.00

FILED

06 JUN -9 PM 12: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000164852			
1. Entity Name GAETA MEDICAL DEVELOPMENT CO.			
Principal Place of Business 5220 HOOD ROAD SUITE #100 PALM BEACH GARDENS, FL 33410		Mailing Address 5220 HOOD ROAD SUITE #100 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 5220 Hood Road		3. Mailing Address 5220 Hood Road	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33418	Country	Zip 33418	Country
6. Name and Address of Current Registered Agent GAETA, NEIL J 5220 HOOD ROAD SUITE #100 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Gaeta, Neil J. Street Address (P.O. Box Number is Not Acceptable) 5220 Hood Road Suite 100 City Palm Beach Gardens FL Zip Code 33418	
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:  President DATE: 4/5/06 Signature, if not printed, must be in ink. (NOTE: Registered Agents signature required when renaming)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAETA, NEIL J 5220 HOAD ROAD, SUITE #100 PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD T Gaeta, Neil J. 5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAETA, LOUIS A JR 5220 HOOD ROAD, SUITE #100 PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO Gaeta, Louis A., Jr. 5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Trezza, Arline R. 5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  President		4/5/06 (561) 627-1900 Date Daytime Phone #	