2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000063303

FILED Apr 09, 2008 8:00 am Secretary of State

| ARTIMED | HEALTI | H CARE, INC. | | | | | 04-09-2008 90 | 0026 038 1 | ***150. | 00 |
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| Principal Place of Business Mailing Address | | | | | | 7 | | | | |
| 3265 W DAVIE BLVD 3265 W DAVIE | | | 3265 W DAVIE BLV FT LAUDERDALE, FL | AVIE BLVD | | , | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 03072008 | Chg-P | CR2E034 | 4 (12/06) | |
| City & State | | City & State | | | 4. FEI Number NOT API | PLICABLE | | | oplied For ot Applicable | |
| Zip | Zip Country | | Zip | Country | | | of Status Desired | F | 8.75 Add | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | |
| ARTIME, JORGE D 3265 W DAVIE BLVD | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| FT LAUDERDALE, FL 33312 | | | | | | | | | | |
| | | | | City | | FL Zip Code | | | | |
| the obligat | ions of regist | tered agent. | for the purpose of changing | | | | n, in the State of Flo | | milier with, | and accept |
| | Signature, typed | or printed name of registered age | ant and title if applicable. (| NOTE: Register | ed Agent signature requi | ired when reinstating) | | DATE | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
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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:

DORGE D. ARTIME SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR