2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P06000067176

Entity Name: ECLIPSE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

42 NW 27 AVE
SUITE 400-A
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

42 NW 27 AVE
SUITE 400-A
MIAMI, FL 33125

New Mailing Address:

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

Name and Address of Current Registered Agent:

HERRERS, CARLOS
3609 SW 16 TERR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HERRERA, CARLOS O
3609 SW 16 TERR
MIAMI, FL 33145 US

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: CARLOS O HERRERA 04/18/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HERRERA, CARLOS
Address: 3609 SW 16 TERR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HERRERA, CARLOS O
Address: 3609 SW 16 TERR
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS O HERRERA P 04/18/2007
Electronic Signature of Signing Officer or Director Date