2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000141050 1. Entity Name SAN GIL MEDICAL CORPORATION Principal Place of Business 1955 SW 5 AVE 1955 SW 5 AVE 1955 SW 5 AVE MIAMI, FL 33129 US Mailing Address 1955 SW 5 AVE MIAMI, FL 33129 US Mailing Address 1955 SW 5 AVE 1955 SW 5 AVE Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country S. Cortificate of Status Desired - B. Name and Address of Current Registered Agent. RODRIGUEZ, HORACIO 1955 SW 5 AVE MIAMI, FL 33129 Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable)

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102007	02102007 Chg-P CR2E034 (12/06)				
City & State		City & State		4 FEI Numb	20001		A	pplied For	
71-		7:-		4	<u> 2058</u>	<u> 57447 </u>			ot Applicable
Zip Country		Zip	Cour	ntry	5. Certificate	5. Certificate of Status Desired Section 58.75 Additions			
	6. Name and Address of Current Regi	stered Agent		N	7. Name en	d Address of New R	egistered	Agent	
RODRIGUEZ, HORACIO				Name					
1955 SW 5 AVE MIAMI, FL 33129				Street Address (P.O. Box Number is Not Acceptable)					
				Ch				. Ta. A.	
				City			FI	L Zip Cod	le .
	named entity submits this statement for the	purpose of changing its	register	ed office or r	egistered agent, or bo	oth, in the State of Flo	rida. I an	n familier with,	and accept
ин сояра	tions of registered agent.								
SIGNATURE.	44504				•		<u> 02 -</u>	10-0	Z
	Signature, typed or printed name of indiated of gardenly did	le if application. (NOT	T: Registers	id Agent signesun	niquired when minetating)		DATE		
FIL	Bection Campa Trust Fund Cont			\$5.00 May Be Added to Fees					
	sy 1, 2007 Fee will be \$550.00	<u> </u>							
10.	OFFICERS AND DIRE		11.		ADDITIONS	CHANGES TO OFFI	CERS AN		
TITLE NAME	PODDICHEZ HODACIO	☐ Delete	m	- 1				Change	☐ Addition
STREET ADDRESS	RODRIGUEZ, HORACIO 1955 SW 5 AVE		NAM	EET AUTORESS					
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		Min de la companya de						-14	
of the co	certify that the information supplied with this is on this report or supplemental report is true rporation or the receiver or trustae empowers i, or on an attachment with an address, with a	ed to execute this report	as requi	emptions con ture shall han red by Chap	ntained in Chapter 115 ve the same legal effecter 607, Florida Statuti	9, Floride Statutes. I li ct as if made under o es; and that my name	luither car eth; that I appears	rtify that the ir am an officar in Block 10 or	ntermation or director r Block 11 If
CICNAT	nupe. VIII					02-10-07)		
SIGNAT	UKE:					10-10/07			

PRINTED HAME OF EIGHING OFFICER OR DIRECTOR

Deta

Daytime Phone #