2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 02, 2008
Secretary of State

DOCUMENT# P07000031501

Entity Name: PROMED PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

1660 NE MIAMI GARDENS DR., SUITE 8
N. MIAMI BCH, FL 33179

New Principal Place of Business:

1660 NE MIAMI GARDENS DR., SUITE 8
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1660 NE MIAMI GARDENS DR., SUITE 8
N. MIAMI BCH, FL 33179

New Mailing Address:

1660 NE MIAMI GARDENS DR.
SUITE 8
NORTH MIAMI BEACH, FL 33179

FEI Number: 20-8780085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRO MED PROPERTIES, INC
1660 NE MIAMI GARDENS DR
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

PRO MED PROPERTIES, INC
1660 NE MIAMI GARDENS DR
SUITE 8
MIAMI, FL 33179 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: _____ 06/02/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KATZMAN, CHAIM
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: N. MIAMI BCH, FL 33179

Title: VD ( ) Delete
Name: SEGAL, DORI
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: N. MIAMI BCH, FL 33179

Title: EVS ( ) Delete
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: N. MIAMI BCH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: KATZMAN, CHAIM
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VCD (X) Change ( ) Addition
Name: SEGAL, DORI
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: PS (X) Change ( ) Addition
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR., SUITE 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify 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: AHARON SOFFER PS 06/02/2008
Electronic Signature of Signing Officer or Director — Date