

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119043

Entity Name: MCLAREN MEDICAL INC

FILED
Aug 19, 2008
Secretary of State

Current Principal Place of Business:

6880 ABBOTT AVE
SUITE 501
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 402042
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 26-2237816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLAREN, ANNA M
6880 ABBOTT AVE
SUITE 501
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

ARRIBAS III, RAFAEL L
6880 ABBOTT AVE
SUITE 501
MIAMI BEACH, FL 33141 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: RAFAEL L ARIBAS III

08/19/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCLAREN, ANNA M
Address: 6880 ABBOTT AVE SUITE 501
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCLAREN, ANNA M
Address: 6880 ABBOTT AVE # 501
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VP () Change (X) Addition
Name: ARIBAS III, RAFAEL L
Address: 6880 ABBOTT AVE # 501
City-St-Zip: MIAMI BEACH, FL 33141 US

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: RAFAEL L ARIBAS III

VP

08/19/2008

Electronic Signature of Signing Officer or Director

Date