2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2008 8:00 am Secretary of State

| DOCUMENT # P07000129151 1. Entity Name PROLINE MEDICAL, INC. | | | | | | | | 04-28-2008 | 90404 00: | i ***150 | 0.00 | |
|---|---|--------------------|------------------|--------------------------|--|---|--|---------------------|---------------|--------------|------------|--|
| Principal Place of Business Mailing Address | | | | | | · | - | | | | | |
| 10501 NW 5 | | 0501 NW 50TH ST | | , | 71 4. | ٠. | | | | | | |
| S-109 | | | S | -109 | | | | | | | | |
| SUNRISE, FL 33351 US | | | S | UNRISE, FL 33351 | 1. | | | TI | HEEL ON BUILD | (20) II IEBI | | |
| 2. Principal Place of Business - No P.O. Box # | | | | Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | 04242008 | Chg-P | CR2E034 | 1 (12/06) | | |
| City & State | | | | City & State | | 4. FEI Number Applied For 26-15/48/8 Not Applicable | | | | | | |
| Zip | Country | | | Zìp | Coun | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| OUTEDA MOUELE | | | | | | Name | | | | | | |
| OLÍVERA, MICHELE 10501 NW 50TH ST | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| S-109 SUNRISE, FL 33351 | | | | | | | | | | | | |
| | | | | | | City | City FL Zíp Code | | | | | |
| 8. 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. I am familiar with, and accept | | | | | | | | | | | | |
| the obligations of registered agent. | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | | | | .00 May Be led to Fees | | | | | |
| 10. | | OFFICE | RS AND DIREC | CTORS | | ADDITIONS/ | CHANGES TO OFF | ICERS AND D | IRECTORS | S IN 11 | | |
| TITLE | PTD | | | ☐ Delete T | | | | | | Change | Addition | |
| NAME OTREET APPROVES | OLIVERA, MICHELE | | | NAM | | | | | | | | |
| STREET ADDRESS City-St-Zip | 10501 NW 50TH ST S-109 SUNRISE, FL 33351 | | | | | ET ADDRESS - \$1 - Zip | | | | | | |
| TITLE | VSD | ., 1 2 33331 | | ☐ Delete | TITL | | | | Г | Change | Addition | |
| NAME | SUITO, CARLOS | | | NAM | | I | | | L | | ☐ Addition | |
| STREET ADDRESS | 10501 NW 50TH ST S-109 | | | STRE | | ET ADDRESS | | | | | | |
| CITY-S1-ZIP | SUNRISE, FL 33351 | | | | CITY | -SI - ZIP | | | | | | |
| TITLE | | | | ☐ Delete | IIIU | I | | | | Change | Addition | |
| NAME STREET ADDRESS . | | | | | NAM | | | | | | | |
| CITY-ST-ZIP | | | | | | ET ADDRESS - \$1 - ZIP | | | | | ļ | |
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| NAME STREET ADDRESS | | | | | NAM | ì | | | | | | |
| CITY-ST-ZIP | | | | | | ET ADDRESS - ST- ZIP | | | | | | |
| TITLE | | | | Delete | TITLE | | | | | 7 Change | - Applica- | |
| NAME | | | | CT Delete | NAM | 1 | | | L | _1 Change | ☐ Addition | |
| STREET ADDRESS | | | | | STRE | ET ADORESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME | | | | | NAM | | | | | | | |
| STREET ADDRESS City-St-ZIP | | | Δ | | | ET ADDRESS - ST-ZIP | | | | | | |
| | ertify that th | e information suce | fied with this f | ling does est westite to | | | Lin Chapter 110 | Florida Statutos II | further and t | - مطه عمطه | oformati | |
| indicated on this report or supplemental region is true and occurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation of the receiver or trusted encourage and that my same appears in Plant 11 are provided by Chapter 607. Florida Statutes: and that my same appears in Plant 11 are | | | | | | | | | | | | |
| 12. I hereby certify that the information supplies with this filing does not qualify for the exemptions contained 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 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 inuses appears in Block 10 or Block 11 if changed, or on an attachment with an access with all there we empowered. | | | | | | | | | | | | |