2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023426

TAMPA, FL 33647

City-St-Zip:

FILED Mar 15, 2004 Secretary of State

Entity Name: ENDEAVOR MEDICAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 7000 BRYAN DAIRY RD. #A-6 LARGO, FL 34647 **New Mailing Address: Current Mailing Address:** 7000 BRYAN DAIRY RD. #A-6 LARGO, FL 34647 US FEI Number: 59-3159668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENLEAF, BARRY W GREENLEAF, BARRY W 6077 LONG BAYOU WAY N 6077 LONG BAYOU WAY N. SEMINOLE, FL 33708 ST. PETERSBURG, FL 33708 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: 03/15/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GREENLEAF, BARRY W Name: Name: 6077 LONG BAYOU WAY N. Address: Address: City-St-Zip: SEMINOLE, FL City-St-Zip: () Delete Title: Title: () Change () Addition KEN, KRANICK Name: Name: 9223 MILL CIR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: BARRY W GREENLEAF PTD 03/15/2004