

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043086

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: PROTECS MEDICAL CORPORATION

## Current Principal Place of Business:

8780 SW 92ND STREET  
SUITE 208-B  
MIAMI, FL 33176 US

## Current Mailing Address:

8780 SW 92ND STREET  
SUITE 208-B  
MIAMI, FL 33176 US

## New Principal Place of Business:

550 BILTMORE WAY  
870  
CORAL GABLES, FL 33134 US

## New Mailing Address:

550 BILTMORE WAY  
870  
CORAL GABLES, FL 33134 US

FEI Number: 65-0420167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LA FUENTE, RICARDO L  
8780 SW 92ND ST, STE 208-B  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

GONZALEZ, RICARDO C DMD  
550 BILTMORE WAY  
870  
CORAL GABLES, FL 33134 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: RICARDO C GONZALEZ

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: DE LA FUENTE, RICARDO L  
Address: 2415 GRANADA BLVD.  
City-St-Zip: CORAL GABLES, FL 331345555

Title: VTD (X) Delete  
Name: GONZALEZ, RICARDO C  
Address: 8852 S.W. 59 STREET  
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete  
Name: DE LA FUENTE, FRANCISCO  
Address: 2415 GRANADA BLVD  
City-St-Zip: CORAL GABLES, FL 331345555

Title: D (X) Delete  
Name: LOPEZ, CAMILO II  
Address: 1790 SW 1ST AVENUE  
City-St-Zip: MIAMI, FL 331291130

Title: D (X) Delete  
Name: MAZER, ROBERT  
Address: 9321 SW 102ND ST  
City-St-Zip: MIAMI, FL 33116

Title: D ( ) Delete  
Name: HOWELL, SCOTT  
Address: 10421 NW 49 PL  
City-St-Zip: CORAL SPRINGS, FL 33076

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GONZALEZ, RICARDO C DMD  
Address: 550 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICARDO C GONZALEZ

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date