2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P93000043086

Entity Name: PROTECS MEDICAL CORPORATION

Current Principal Place of Business:

2415 GRANADA BLVD.
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2415 GRANADA BLVD.
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0420167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GONZALEZ, RICARDO C DMD
2600 DOUGLAS RD
910
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: 05/01/2009
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: GONZALEZ, RICARDO C DMD
Address: 550 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: MR (X) Delete
Name: DE LA FUENTE, RICARDO
Address: 2415 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, RICARDO C DMD
Address: 2600 DOUGLAS RD
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MR (X) Change ( ) Addition
Name: DE LA FUENTE, RICARDO
Address: 2415 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33134

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

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: RICARDO C GONZALEZ P 05/01/2009
Electronic Signature of Signing Officer or Director Date