

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022271

FILED
Apr 06, 2007
Secretary of State

Entity Name: LIFESTYLE MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

2040 NE 163 STREET
SUITE 302
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

2040 NE 163 STREET
SUITE 302
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0564947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADFORD, JAMES N JR
2100 WEST 76TH STREET
SUITE 211
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SANGERMAN, CRAIG L
Address: 2040 NE 163 STREET, STE 302
City-St-Zip: NORTH MIAMI BEACH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SANGERMAN, CRAIG L
Address: 2040 NE 163 STREET, STE 302
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: CRAIG SANGERMAN

PRES

04/06/2007

Electronic Signature of Signing Officer or Director

Date