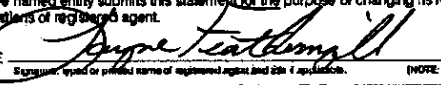


FILED  
Apr 23, 2003 8:00 am  
Secretary of State

04-23-2003 90174 005 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000033904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                          |
| 1. Entity Name<br><b>FEATHER MEDICAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                                                           |
| Principal Place of Business<br>1084 55TH TERRACE SOUTH<br>ST PETERSBURG, FL 33705 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Mailing Address<br>1084 55TH TERRACE SOUTH<br>ST PETERSBURG, FL 33705 US                                                                                                                  |
| 2. Principal Place of Business<br><b>6850 HAYTER CT.</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | 3. Mailing Address<br><b>6850 HAYTER CT.</b><br>Suite, Apt. #, etc.                                                                                                                       |
| City & State<br><b>LAKELAND, FL</b><br>Zip<br><b>33813</b> Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | City & State<br><b>LAKELAND, FL</b><br>Zip<br><b>33813</b> Country<br><b>USA</b>                                                                                                          |
| 4. FEI Number<br><b>59-3910558</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                    |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br><b>FEATHERNGILL, LAYNE</b><br>1084 55 TERRACE SOUTH<br>ST PETERSBURG, FL 33705                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6850 HAYTER CT</b><br>City<br><b>LAKELAND</b> FL Zip Code<br><b>33813</b> |
| 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.<br>SIGNATURE  <b>LAYNE FEATHERNGILL</b> DATE <b>4-18-03</b><br><small>(Signature typed or printed name of registered agent and date if applicable. (MORE: Registered Agent's signature required when registering.)</small>                                                                                                        |                                                                                                                |                                                                                                                                                                                           |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                                                                                                                                                           |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>FEATHERNGILL, LAYNE<br>1084 55TH TERRACE SOUTH<br>ST PETERSBURG, FL 33705 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>6850 HAYTER CT.<br/>LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                |                                                                                                                                                                                           |
| SIGNATURE:  <b>LAYNE FEATHERNGILL</b> DATE <b>4/18/03</b> 727-410-2640<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                                                           |

11009796



☒ CHECK HERE IF MAKING CHANGES

CPZEC034 (10/02)