2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# P95000034442

Entity Name: BEACON MEDICAL DEVELOPMENT, CORP.

Current Principal Place of Business:

1200 NW 87TH AVE
MIAMI, FL 33512

New Principal Place of Business:

1200 NW 87TH AVE
MIAMI, FL 33126

Current Mailing Address:

13007 NW 9TH ST
MIAMI, FL 33182

New Mailing Address:

FEI Number: 65-0599857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, SONIA
4900 SUNSET DRIVE
CORAL GABLES, FL 33143 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: P ( ) Delete
Name: TORRES, SONIA
Address: 4900 SUNSET DRIVE
City-St-Zip: CORAL GABLES, FL 33143

Title: V ( ) Delete
Name: MOLL, LUIS
Address: 13007 NW 9TH ST
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SONIA TORRES P 04/25/2009

Electronic Signature of Signing Officer or Director — Date