

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000083414

Entity Name: SIMPLEX MEDICAL, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

12701 COMMONWEALTH DR.
STE. 5
FORT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

12701 COMMONWEALTH DR.
STE. 5
FORT MYERS, FL 33913 US

New Mailing Address:

FEI Number: 65-0616436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARY, MARY B
%PORTER WRIGHT, MOTTIS, AND ARTHUR, LLP
5801 PELICAN BAY BLVD. STE 300
NAPLES, FL 34108 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: V () Delete
Name: BOCK, MARK A
Address: 12701 COMMONWEALTH DR. STE. 5
City-St-Zip: FORT MYERS, FL 33913

Title: STP () Delete
Name: ROBERTS, FREDERICK J
Address: 12701 COMMONWEALTH DR. STE. 5
City-St-Zip: FORT MYERS, FL 33913

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 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 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: FREDERICK J ROBERTS

STP

04/29/2004

Electronic Signature of Signing Officer or Director

Date