

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096057

FILED
Jan 07, 2005
Secretary of State

Entity Name: WORLD TRIUMPH MEDICAL OF THE WEST COAST, INC.

Current Principal Place of Business:

2850 RINGLING BLVD
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

4722 SW 74 AVE
MIAMI, FL 33155 US

New Mailing Address:

4722 SW 74 AVE
MIAMI, FL 331554417 US

FEI Number: 65-0629915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABLISH, HOMER G JR.
4301 32ND STREET WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

NELSON, FAMADAS
4722 SW 74 AVENUE
MIAMI, FL 331554417 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: NELSON FAMADAS

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, TROY V
Address: 1008 44TH STREET WEST
City-St-Zip: BRADENTON, FL 34209

Title: ST () Delete
Name: DEARMAS, ROGER
Address: 5441 HOWARD GREEN RD.
City-St-Zip: SARASOTA, FL 34241

Title: PD () Delete
Name: FAMADAS, NELSON
Address: 1332 ASTURIA AVENUE
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: FAMADAS, NELSON
Address: 4722 SW 74 AVENUE
City-St-Zip: MIAMI, FL 331344417

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: NELSON FAMADAS

P

01/07/2005

Electronic Signature of Signing Officer or Director

Date