FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

WORIDMED CORP

DOCUMENT # 3

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

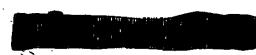
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

P9666005646

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90021 007 ***150.00



Principal Plac	e of Business	Mailing Address								
2295 NORTH VWIVERSIM DR. SAME Pembrohe Pines, FL 33025 2. Principal Place of Business 2a. Mailing Address						_				
2295	NORTH UNIVEDEN	M CAME				DO NOT WRITE IN THIS SPACE				
Dank	be Door to the	DR. SAME				3. Date Incorporated	or Qualifed	بماسد		
1CMU10	ne YING, FL 330	2 S. Mailine Address					<u>O</u> #	1446		
2. Finicipal P	nace of pusitiess	za. walling Address				4. FEI Number	15	1/100		pplied For
Suite, Apt.	# etc.	Suite, Apt. #, etc.			 	0.3-(26429		lot Applicable	
22	.,	27 Suite, Apr. #, etc.				5. Certificate of Statu:	Desired			Additional tequired
City & Stat	e	City & State								
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	itry		8. This corporation or		ent vear Int		
24	25	29				Personal Property		one your me	Yes	□No
	9. Name and Address of Current					10. Name and Addres		Registered	Agent	
(17) to	— ·· ——		81	Name						
	NGS, INC.		}	82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
	N.W. 16TH STREET			_						
Fi L	AUDERDALE FL 33311	· ,	·	83	:					
				84	City	;		-	85 Zip	Code
	to the provisions of Sections 607.0502							<u> </u>		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orized	by th	he corporation	n's board of directors. I h	ereby accep	ot the appoin	ntment as r	egistered
	Signature, typed or printed name of registered agent	nd title if applicable. (NOTE: Re	gistered A	Agent s	signature required	when reinstaling)		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANG	SES TO OF	FICERS AN		
TITLE	D SIDEOTONE MANAGE AL	☐ DELETE	1.1 TITL	.E	}		,		Change	Addition
NAME	FIRESTONE, WAYNE M		1 2 NAN							-
STREET ADDRESS	7669 NEWPORT TERRACE		1.3 STR	REETA	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY		ZIP					
TITLE		☐ DELETE 2.1				. Change			Addition	
NAME		ANY Magay.	2.2 NAA		ļ	-			-	
STREET ADDRESS					ADDRESS					ļ
CITY-ST-ZIP		□ ociese	2. 4 CIT							
TITLE		☐ DELETE	3.1 TITL		"				Change	Addition
NAME			3.2 NAN							
STREET ADDRESS					NODRESS ('[
CITY-ST-ZIP		□ DELETE	3.4. CIT	~	- ZIP				Char	O Auditi
TITLE			4.1 TITL						Change	Addition
NAME SEDEST ADDOSSO			4. 2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		[] DELETE	4.4 CIT		ZIP				□ C5	(m) A 44/6/2 =
TITLE		☐ DELETE	5.1 TITL 5.2 NAN	_					☐ Change	Addition
NAME			ľ		DODESC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		Doctor	5.4 CIT		ZIP				T76****	P-7 4 22 22 2
TITLE		☐ DELETE	l						Change	Addition
NAME			6.2 NAN		ADDDESS.					
STREET ADDRESS		i	i .		ADDRESS					
CITY-ST-ZIP			6.4 CITY	Y-ST-	ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

4 7 Y

SIGNATURE:

DOE03/ (11/08)