2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# P96000018155

Entity Name: STARMED MANAGEMENT, INC.

Current Principal Place of Business:

9715 WEST BROWARD BLVD., STE. 213
PLANTATION, FL 33324

New Principal Place of Business:

1580 SAWGRASS CORP PKWY STE 130
SUNRISE, FL 33323 US

Current Mailing Address:

9715 WEST BROWARD BLVD., STE. 213
PLANTATION, FL 33324

New Mailing Address:

1580 SAWGRASS CORP PKWY STE 130
SUNRISE, FL 33323 US

FEI Number: 65-1072842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNERS, KAREN
9715 WEST BROWARD BLVD., STE. 213
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BARNERS, KAREN
1580 SAWGRASS CORP PKWY STE 130
SUNRISE, FL 33323 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: KAREN BARNERS 02/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARNERS, KAREN
Address: 9715 WEST BROWARD BLVD., STE. 213
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BARNERS, KAREN
Address: 1580 SAWGRASS CORP PKWY STE 130
City-St-Zip: SUNRISE, FL 33323 US

Title: PD ( ) Change (X) Addition
Name: JOHNSON, ADRIAN M
Address: 1580 SAWGRASS CORP PKWY STE 130
City-St-Zip: SUNRISE, FL 33323 US

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: ADRIAN M JOHNSON PD 02/15/2005
Electronic Signature of Signing Officer or Director Date