

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000053913

1. Entity Name
DANIEL MEDICAL, INC.



Principal Place of Business

**8390 NW 53RD / 323
MIAMI, FL 33166**

Mailing Address

**8390 NW 53RD / 323
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0674790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIDLOSCA, RANDALL L
1101 BRICKELL AVE
STE 400
MIAMI BEACH, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PULS, WALTER
STREET ADDRESS	2518 MONTEREY COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL 33327
TITLE	D
NAME	PULS, FLOR
STREET ADDRESS	2518 MONTEREY COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000118878
04/19/04-80077-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Flor M. Puls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLOR M. PULS

4/20/04

305-513-4565

Date

Daytime Phone #