DOCUMENT # P97000087833

1. Entity Name

SIM MED SYSTEM, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90430 002 ***158.75

Principal Place of Business	Mailing Address
6007 NW 1ST STREET MARGATE FL 33063	6007 NW 1ST STREET MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6047 Kimberly Blvd.		4477 N.W. 89 Way	
Suite, Apt. #, etc. Ste. O		Suite, Apt. #, etc.	
City & State North Lauderdale FL		City & State Coral Springs, FL.	
Zip 33068	Country USA	Zip 33065	Country USA

4. FEI Number 65-0781194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDARAS, SIMONA
6007 NW 1ST STREET
MARGATE FL 33063

Address change only

7. Name and Address of New Registered Agent

Name Simona Caldaras
Street Address (P.O. Box Number is Not Acceptable) 4477 N.W. 89 Way
Coral Springs, FL.
City FL Zip Code 33065

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.

SIGNATURE [signature] DATE 4/11/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDARAS, SIMONA 6007 NW 1ST STREET MARGATE FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4477 N.W. 89 Way (Address change only) Coral Springs, FL. 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIMONA CALDARAS 4/11/2002 (954) 977-7746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #