## **FILED 2005 FOR PROFIT CORPORATION** Apr 23, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P97000106207 1. Entity Name TECH STAR MEDICAL, INC. Principal Place of Business Mailing Address 7379 COMMERICIAL WAY 7379 COMMERICIAL WAY BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 03222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3485828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TATE, ROBERT J DO NOT WRITE 8516 HEATHER BLVD. BROOKSVILLE, FL 34613 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, lyped or printed name of registered agent and title if applicable. (NOTE, Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE TATE, ROBERT J NAME 8516 HEATHER BLVD STREET ADDRESS U00000326067 WEEKI WACHEE, FL 34613 CITY-ST-ZIP 04/23/05-80043-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

CICMATURE.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

43/30/05

Daytime Phone #