2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107213

FILED Feb 03, 2009 Secretary of State

Entity Name: SWEETWATER MEDICAL EAST, INC. **Current Principal Place of Business: New Principal Place of Business:** 1333 GATEWAY DR. STE 1000 MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** P O BOX 9720 TAVERNIER, FL 33070 FEI Number: 65-0803395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATTREALL, CATHY BATTREALL, CATHY 1391 S BABĆOCK STREET 87899 OVERSEAS HIGHWAY MELBOURNE, FL 32901 ISLAMORADA, FL 33036 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: CATHY BATTREALL 02/03/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WEST, CLEVELAND D Name: Name: 87899 OVERSEAS HIGHWAY Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: DV Title: () Change () Addition () Delete Name: BATTREALL, CATHY C Name: 87899 OVERSEAS HIGHWAY Address: Address: ISLAMORADA, FL 33036 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CATHY BATTREALL 02/03/2009 DV