2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90112 001 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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07012005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000018519

1. Entity Name
PRECISION MEDICAL DEVICES, INC.

Principal Place of Business	Mailing Address
2727 OAKLAND PARK ~~AVENUE~~ Blvd, SUITE ~~205~~ 307 FORT LAUDERDALE, FL 33306	~~2727 OAKLAND PARK AVENUE, SUITE 205~~ ~~FORT LAUDERDALE, FL 33306~~

2. Principal Place of Business	3. Mailing Address
2727 E. Oakland Park Blvd.	P.O. Box 480191
Suite, Apt. #, etc.: Suite 307	Suite, Apt. #, etc.:
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33306 Country: USA	Zip: 33348-0191 Country:

4. FEI Number: 65-0910677 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BASO, PAUL H~~ ~~201 ALHAMBRA CIRCLE~~ ~~SUITE 601~~ ~~CORAL GABLES, FL 33134~~	Name: Peter Sayet Street Address (P.O. Box Number Is Not Acceptable): 2727 E. Oakland Park Blvd. Suite 307 City: Ft. Lauderdale FL Zip Code: 33306

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] 06-30-05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change ☐ Addition
TITLE	PD		TITLE		
NAME	SAYET, PETER H		NAME		
STREET ADDRESS	~~201 ALHAMBRA CIRCLE SUITE 601~~		STREET ADDRESS	2727 E. Oakland Park Blvd, Suite 307	
CITY-ST-ZIP	~~CORAL GABLES, FL 33134~~		CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: [signature] Peter Sayet 06-30-05 954-537-3483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #