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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90097 048 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000039005

1. Corporation Name
CORSIL MEDICAL C.A., INC.



Principal Place of Business
 55 WESTON ROAD
 SUITE 308
 FT. LAUDERDALE FL 33326

Mailing Address
 55 WESTON ROAD 308
 SUITE 308
 FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 04/29/1998

4. FEI Number
 65-0831667

Applied For
 Not Applicable

2. Principal Place of Business
 21 55 Weston Road

2a. Mailing Address
 26 55 Weston Road

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

Suite, Apt. #, etc.
 22 Suite 308

Suite, Apt. #, etc.
 27 Suite 308

6. Election Campaign Financing \$5.00 May Be Added to Fees

City & State
 23 Ft. Lauderdale

City & State
 28 Ft. Lauderdale

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip Country
 24 33326 25 USA

Zip Country
 29 33326 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNYDER, DAVID M
 55 WESTON ROAD
 SUITE 320
 FT. LAUDERDALE FL 33326

81 Name Snyder, David M.
 82 Street Address (P.O. Box Number is Not Acceptable)
 55 Weston Road
 83 Suite 308
 84 City Ft. Lauderdale FL 85 Zip Code 33326

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David M. Snyder*

4/13/99

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME SNYDER, DAVID M
 STREET ADDRESS 55 WESTON ROAD
 CITY-ST-ZIP FT. LAUDERDALE FL 33326

1.1 TITLE Change Addition
 1.2 NAME Snyder, David M
 1.3 STREET ADDRESS 55 Weston Road #308 308
 1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33326

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME Jimenez, Aida
 2.3 STREET ADDRESS 55 Weston Road #308
 2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33326

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME Silva, Betty
 3.3 STREET ADDRESS 55 Weston Road #308
 3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33326

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David M. Snyder* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 984-384-9751
 Date Daytime Phone #

CR20034-141981