

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000039005

FILED
Apr 23, 2004
Secretary of State

Entity Name: CORSIL MEDICAL C.A., INC.

Current Principal Place of Business:

1825 MAIN STREET
SUITE 201
WESTON, FL 33326

New Principal Place of Business:

1011 FAIRFAX LANE
WESTON, FL 33326

Current Mailing Address:

1825 MAIN STREET
SUITE 201
WESTON, FL 33326

New Mailing Address:

1011 FAIRFAX LANE
WESTON, FL 33326

FEI Number: 65-0831667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, DAVID M
55 WESTON ROAD
SUITE 308
FT. LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

SNYDER, DAVID M
1011 FAIRFAX LANE
FT. LAUDERDALE, FL 33326 US

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: DAVID M SNYDER

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SNYDER, DAVID M
Address: 1825 MAIN STREET SUITE 201
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: SILVA, BETTY
Address: 1825 MAIN STREET SUITE 201
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SNYDER, DAVID M
Address: 1011 FAIRFAX LANE
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: SILVA, BETTY
Address: 1011 FAIRFAX LANE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID M SNYDER

PRES

04/23/2004

Electronic Signature of Signing Officer or Director

Date