

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054750

FILED
Jan 06, 2006
Secretary of State

Entity Name: FIRST RESPONSE MEDICAL CORPORATION

Current Principal Place of Business:

10240 S.W. 56 STREET
SUITE 112C
MIAMI, FL 33165

New Principal Place of Business:

10240 SW 56 STREET
SUITE 112C
MIAMI, FL 33165

Current Mailing Address:

10240 S.W. 56 STREET
SUITE 112C
MIAMI, FL 33165

New Mailing Address:

10240 SW 56 STREET
SUITE 112C
MIAMI, FL 33165

FEI Number: 65-0843852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, SHERRI
10240 S.W. 56 STREET
SUITE 112C
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

GONZALEZ, SHERRI
10240 SW 56 STREET
SUITE 112C
MIAMI, FL 33165 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: SHERRI GONZALEZ

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, SHERRI
Address: 10311 S.W. 43RD STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GONZALEZ, SHERRI
Address: 10311 SW 43RD STREET
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRI GONZALEZ

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01/06/2006

Electronic Signature of Signing Officer or Director

Date