## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jan 24, 2005 08:00 AM DOCUMENT # P98000056480 1. Entity Name **Secretary of State** E. K. UNIVERSAL MEDICAL INC. Principal Place of Business Mailing Address 17031 BOCA CLUB BLVD., APT. 81A BOCA RATON FL 33487 17031 BOCA CLUB BLVD., APT. 81A BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Cîty & State 4. FEI Number Applied For 65-0851363 Not Applicab! Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLIGMAN, EUGENE 17031 BOCA CLUB BLVD., APT. 81A Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** City Zip Code 3. 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 | 1 am familiar with, and accept the obligations of registered agent. 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 9. Election Campaign Financing \$5.00 May B: After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILL Delete HILE U00000191943 □ <sup>Change</sup> 01/24/05-80193-016 150.00 NAME KLIGMAN, EUGENE NAME 17031 BOCA CLUB BLVD., APT 81A STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** City+ST-7iP CITY-ST-ZIP Delete TIBLE ☐ Change M Achillia KLIGMAN, ELAINE NAME STREET ADDRESS 17031 BOCA CLUB BLVD., APT 81A SUPPET ADDRESS CITY ST-7IP **BOCA RATON FL 33487** CITY-ST-7IP ☐ Defete Tett E TOTES Change A.Lin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete DIF T Change ☐ Additio NAME NAME CIRFET ADDRESS STREET AUDRESS CHY-ST-ZIP CITY-ST-7IP Aik \*\* HILL ☐ Delete THLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST 712 A.L. HILE ☐ Delete THEE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C(14 - 51 - 7)P CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EUGENE KLIHMAN