2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# P99000017100

Entity Name: US MED, INC.

Current Principal Place of Business:

8260 NW 27TH STREET
SUITE403
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

8260 NW 27TH STREET
SUITE403
MIAMI, FL 33122

New Mailing Address:

FEI Number: 61-1339483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHIFFMAN, JOYCE
8260 NW 27 ST
SUITE 403
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: SCHIFFMAN, JOYCE
Address: 8260 NW 27 ST #403
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Delete
Name: SCHIFFMAN, JOYCE
Address: 8260 NW 27 ST #401
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change ( ) Addition
Name: SCHIFFMAN, ZACHARY
Address: 8260 NW 27 ST #401
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE SCHIFFMAN D 03/12/2009

Electronic Signature of Signing Officer or Director — Date