


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90428 004 \*\*\*150.00

<b>DOCUMENT # P99000064440</b>		
1. Entity Name 52 MEDICAL, INC.		

Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	Mailing Address P.O. BOX 2108 ELFERS, FL 34680
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2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd Suite, Apt. #, etc. Suite 104 City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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04172007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3587775	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUDSON, JOHN E 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd Suite 104 City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 4-27-07

<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, JOHN E 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd, Suite 104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SILVA, SUSAN 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd, Suite 104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, JOHN E 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd, Suite 104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4-27-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #