2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000065377

Entity Name: HARBORSIDE MEDICAL, INC.

FILED Aug 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12859 MCGREGOR BLVD
STE 864
FORT MYERS, FL 33919

6560 SLATER PINES DRIVE
NORTH FORT MYERS, FL 33917

Current Mailing Address: New Mailing Address:

P O BOX 7388 FT MYERS, FL 33911

FEI Number: 65-0936198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELGADO, OSCAR

571 EAST 37 TH STREET

HIALEAH, FL 33013 US

GONZALEZ, JORGE

6560 SLATER PINES DRIVE

NORTH FORT MYERS, FL 33917 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: JORGE GONZALEZ 08/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PARADISO, MICHAEL GONZALEZ, JORGE Name: Name: 1823 SE 45TH STREET 6560 SLATER PINES DRIVE Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: NORTH FORT MYERS, FL 33917

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: JORGE GONZALEZ DIR 08/27/2007

Electronic Signature of Signing Officer or Director

Date