2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069270

Entity Name: PALM BEACH MEDICS, INC.

FILED Jul 19, 2006 Secretary of State

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

378 SW 12TH AVE

DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

P.O. BOX 4595

DEERFIELD BEACH, FL 33442

FEI Number: 59-2154162 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:

COHEN, MITCHELL A COHEN, MITCHELL A 351 SOUTH CYPRESS ROAD SUITE 400 378 SW 12TH AVE

POMPANO BEACH, FL 33060 DEERFIELD BEACH, FL 33442 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: 07/19/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

COHEN, MALCOLM M Name: Name: COHEN, MALCOLM M 351 SOUTH CYPRESS ROAD SUITE 400 Address: 378 SW 12TH AVE Address:

City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: MALCOLM COHEN PD 07/19/2006