2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State

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DOCUMENT # P99000089567 *					. '		•	
1. Entity Name						02-07-2008	3 90032 010 ***1.	50.00
CARLYLE MEDICAL, INC.								
					<i>!</i> /			
Principal Plac	e of Business		Mailing Address		ւկսս⊷	_		
731 S.E. 6TH AVE.		731 S.E. 6TH AVE.		400				
POMPANO BEACH, FL 33060		POMPANO BEACH, FL 33060						
					1,163((61) (11)	THE INII DOM CON TO	# 88181 (11172 F3181 81118 81117 (181	612 SE 11 16 DE
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					
				1	4112 10111 _, 50311 8016 001	8838 1914)818 81118 81111 14		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number			oplied For	
Oily di Glale		Only di Gillio		65-0955			ot Applicable	
Zip		Country	Zìp	Country	5. Certificate of	f Status Desired	\$8.75 Add	
	6 Name	and Address of Current	Posistand Apont			Address of New R	Fee Require	nd
	v. Haille	and Address of Corrent	vaßisreien yßeur	Name	- 7. Name and 7	Address of New N	egisterea Agent	
EDWARDS, GEORGE E ESQ.				7	ames C.		<u>250%</u>	
950 N. FEI POMPANO				Street Addre	ess (P.O. Box Number	6+h 7	≘} _	
I OWN AND	J OLAOII,	1 L 33002						
** ***				City /			FL ZinCod	le .
						CC H		060
the obligat	tions of gist	ered agent.	The purpose of changing its	registered office of reg	gistered agent, or both	, in the State of Fit	люа. таппашшаг wiin,	ano accept
SIGNATURE 2	Usm	ex Cother	c				1-23-0	Ų
							,	•
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating)		DATE	
	- 10							
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After Ma	E NOWIII	FEE IS \$150.00 3 Fee will be \$550.0	9. Election Campa Trust Fund Cont	ign Financing ribution,	\$5.00 May Be Added to Fees		DATE	
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After Ma	E NOW!!! ay 1, 2008	FEE IS \$150.00 3 Fee will be \$550.0	9. Election Campa Trust Fund Cont	ign Financing ribution,	\$5.00 May Be Added to Fees	CHANGES TO OFF	DATE	
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12. I hereby certify that the information supplied with this filling 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 attrachment with an address, with all other like empowered.

SIGNATURE:

James C Shorts—

WATURE AND TYPED OR PRINTED HAMBOF SIGNING OFFICER OR DIRECTOR

× 1-23-08

(954)401-6283

Daytime Phone #