2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

07 NOV -5 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092169

1. Entity Name
2000 MEDICAL ENTERPRISES INC.

Principal Place of Business	Mailing Address
8300 W FLAGLER STREET SUITE 121 MIAMI, FL 33144	8300 W FLAGLER STREET SUITE 121 MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10312007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0957608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDIN, SANTOS 8300 W FLAGLER STREET SUITE 121 MIAMI, FL 33144	Name: Ricardo Baldrich Street Address (P.O. Box Number is Not Acceptable): 8300 W. Flagler St., Ste. 121 City: Miami, FL 33144 FL Zip Code

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____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDIN, SANTOS 8300 W FLAGLER STREET MIAMI, FL 33144	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600112140576 11/09/07--01004--016 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Ricardo Baldrich 8300 W. Flagler St., Ste. 121 Miami, FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: R. Baldrich OCT 31, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #