2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 AM
Secretary of State

DOCUMENT# S35580

Entity Name: HSI MEDICAL INC.

Current Principal Place of Business:

3492 SW 15TH STREET
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

3492 SW 15TH STREET
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 65-0245480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSTEIN, LOIS
3492 SW 15 STR
DEERIFELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

LOIS GOLDSTEIN
3492 SW 15 STR
DEERIFELD 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: LOIS GOLDSTEIN 04/11/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLDSTEIN, LOIS,
Address: 3492 SW 15TH STREET
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GOLDSTEIN, LOIS,
Address: 3492 SW 15TH STREET
City-St-Zip: DEERFIELD BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOIS GOLDSTEIN PRES 04/11/2002
Electronic Signature of Signing Officer or Director Date