

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49577

Entity Name: DADE MEDICAL., INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

931 SW 122 AVE
MIAMI, FL 33184 US

New Principal Place of Business:

Current Mailing Address:

931 SW 122 AVE
MIAMI, FL 33184 US

New Mailing Address:

FEI Number: 65-0346693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMA, CLAUDIA
1814 SW 180TH TERR
SUITE 209
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMA, CLAUDIA
Address: 1814 SW 180TH TERR
City-St-Zip: MIRAMAR, FL 33029

Title: FO () Delete
Name: LAMA, GINO
Address: 1814 SW 180TH TERR3
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLAUDIA LAMA

PSD

01/12/2004

Electronic Signature of Signing Officer or Director

Date