


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90123 027 \*\*\*150.00

<b>DOCUMENT # V71862</b> 1. Entity Name <b>D.M.I. MEDICAL INC.</b>	
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Principal Place of Business <b>7611 DAVIE ROAD EXT. DAVIE FL 33024</b>	Mailing Address <b>7611 DAVIE ROAD EXT. DAVIE FL 33024</b>
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2. Principal Place of Business <b>3141 NW 78th Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>4611 S. University Dr.</b> Suite, Apt. #, etc. <b>Suite # 435</b>
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1st MOORE CR2E034 (10/05)

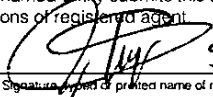
City & State <b>DAVIE, FLORIDA</b>	City & State <b>DAVIE, FLORIDA</b>
Zip <b>33024</b>	Country <b>U.S.A.</b>
Zip <b>33328</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-0369518</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ZAMORA, SILVIA F 7611 DAVIE ROAD EXT. DAVIE FL 33024</b>	
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7. Name and Address of New Registered Agent Name <b>ZAMORA, SILVIA F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4611 S. UNIVERSITY DR</b> <b>SUITE 435</b> City <b>DAVIE</b> FL Zip Code <b>33328</b>	
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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  <b>SILVIA F. ZAMORA / PRESIDENT</b>	DATE <b>02/16/06</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZAMORA, SILVIA F 7611 DAVIE ROAD EXT. DAVIE FL 33024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIETRICH, JEFFREY M 7611 DAVIE ROAD EXT. DAVIE FL 33024</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAYTON, JONATHAN K. 7611 DAVIE ROAD EXT DAVIE FL 33024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZAMORA, SILVIA F. 4611 S. University Dr. Suite # 435 DAVIE, FL 33328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAYTON, JONATHAN K. 4611 S. University Dr. Suite # 435 DAVIE FL 33328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE:  <b>Silvia F. Zamora</b>	DATE <b>02/16/06</b> (954) 538-3808
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