

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71862

Entity Name: D.M.I. MEDICAL INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

3141 NW 78 AVE
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

4611 S UNIVERSITY DR
SUITE 435
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-0369518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, SILVIA F
4611 S UNIVERSITY DR
SUITE 435
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

LAYTON, SILVIA Z
4611 S UNIVERSITY DR
SUITE 435
DAVIE, FL 33328 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: SILVIA Z.LAYTON

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZAMORA, SILVIA F
Address: 4611 S UNIVERSITY DR SUITE 435
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAYTON, SILVIA Z
Address: 4611 S UNIVERSITY DR SUITE 435
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SILVIA Z.LAYTON

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date