

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093709

FILED
Jul 23, 2007
Secretary of State

Entity Name: SCITECH MEDICAL CORPORATION

Current Principal Place of Business:

6555 NW 36TH STREET
SUITE 201-D
MIAMI, FL 33166

New Principal Place of Business:

6555 NW 36TH STREET
SUITE 201-D
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

6555 NW 36TH STREET
SUITE 201-D
MIAMI, FL 33166

New Mailing Address:

6555 NW 36TH STREET
SUITE 201-D
VIRGINIA GARDENS, FL 33166

FEI Number: 65-1140143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREIRA, ALEXANDER M
6555 NW 36TH STREET
SUITE 201-D
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

MOREIRA, ALEXANDER M
6555 NW 36TH STREET
SUITE 201-D
VIRGINIA GARDENS, FL 33166 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: ALEXANDER MOREIRA

07/23/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOREIRA, ALEXANDER M
Address: 6555 NW 36TH STREET
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: DA CUNHA NETO, MELCHIADES
Address: 6555 NW 36TH STREET
City-St-Zip: MIAMI, FL 33166

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 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: ALEXANDER MOREIRA

PD

07/23/2007

Electronic Signature of Signing Officer or Director

Date