

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145596

FILED
Jul 07, 2009
Secretary of State

Entity Name: BIOMEDICAL LABORATORY TECHNOLOGIES INC

Current Principal Place of Business:

1128 CANOPY OAKS DR
MINNEOLA, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

614 E. HWY 50 PMB #186
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 20-5912802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JON, ODEN ESQ
20 N. ORANGE AVE, STE. 1100
ORLANDO, FL 32801 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

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: P () Delete
Name: JENCIC, NYKII J
Address: 1128 CANOPY OAKS DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

Title: VP () Delete
Name: JENCIC, ROBERT
Address: 1128 CANOPY OAKS DRIVE
City-St-Zip: MINNEOLA, FL 34715

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: ROBERT P. JENCIC

VP

07/07/2009

Electronic Signature of Signing Officer or Director

Date