

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021602

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: BIO-TECH MEDICAL SOFTWARE, INC.

**Current Principal Place of Business:**

2020 N.E. 48TH COURT  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2020 N.E. 48TH COURT  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 20-8551162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBROW DUKER & ASSOCIATES, P.A.  
5401 N. UNIVERSITY DRIVE SUITE 204  
CORAL SPRINGS, FL 33067 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: P ( ) Delete  
Name: MCCLINTOCK, BRIAN  
Address: 2020 N.E. 48TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: SIEGEL, STEVEN  
Address: 2020 N.E. 48TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T ( ) Delete  
Name: METZGER, REGIS  
Address: 2020 NE 48TH COURT  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: REGIS METZGER

T

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date