

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021602

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** BIO-TECH MEDICAL SOFTWARE, INC.

**Current Principal Place of Business:**

2805 E OAKLAND PARK BLVD #250  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

2805 E OAKLAND PARK BLVD #250  
FORT LAUDERDALE, FL 33306 US

**Current Mailing Address:**

2805 E OAKLAND PARK BLVD #250  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

2805 E OAKLAND PARK BLVD #250  
FORT LAUDERDALE, FL 33306 US

**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  
**Name:** MCCLINTOCK, BRIAN  
**Address:** 2805 E OAKLAND PARK BLVD #250  
**City-St-Zip:** FORT LAUDERDALE, FL 33306

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN MCCLINTOCK

P

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date