

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021602

Entity Name: BIO-TECH MEDICAL SOFTWARE, INC.**Current Principal Place of Business:**6750 N ANDREWS AVENUE
SUITE 325
FORT LAUDERDALE, FL 33309**Current Mailing Address:**6750 N ANDREWS AVENUE
SUITE 325
FORT LAUDERDALE, FL 33309 US**FEI Number:** 20-8551162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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:** JOSIE SORENSEN

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BARTON, DANIEL
Address 6750 N ANDREWS AVENUE
 SUITE 325
City-State-Zip: FORT LAUDERDALE FL 33309

Title TREASURER
Name FARREN, CLIFFORD
Address 6750 N ANDREWS AVENUE
 SUITE 325
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY
Name SPANIEL, EDWARD JR.
Address 6750 N ANDREWS AVENUE
 SUITE 325
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name BARTON, DANIEL
Address 6750 N ANDREWS AVENUE
 SUITE 325
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name FARREN, CLIFFORD
Address 6750 N ANDREWS AVENUE
 SUITE 325
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name SPANIEL, EDWARD
Address 6750 N ANDREWS AVENUE
 SUITE 325
City-State-Zip: FORT LAUDERDALE FL 33309

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: EDWARD SPANIEL, JR.**SECRETARY**

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date