FILED

Feb 21, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Secretary of State F02000002364 **DOCUMENT #** 02-21-2003 90248 004 ***150.00 1. Entity Name MEDTECH, INC. Mailing Address Principal Place of Business 3655A OLD COURT RD STE. 16 3655A OLD COURT RD STE. 16 AAATWWAL BALTIMORE MD 21208 BALTIMORE MD 21208 2. Principal Place of Business 3. Mailing Address 1924 9TH ST #100 1924 9TH ST N Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES \mathcal{H} A 4. FEI Number City & State City & State Applied For 52-2081342 ST. PETERSBURG ST. PETERSBURG Not Applicable Country Country \$8.75 Additional 73704-Y224 5. Certificate of Status Desired 33704-Yaz4 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TR HALL HALL, RONALD D SR Street Address (P.O. Box Number is Not Acceptable)

506 () TH AVENUE N 1280-86TH TERRACE NORTH ST PETERSBURG FL 33702 City ST PETERSBURG 8. 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. I am familiar with, and accept the obligations of gistered agent SIGNATURE d title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of rec --FILE NOW!!!: FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT Change **≭**Delete ☐ Addition TITLE TITLE HALL, RONALD D JR HALL, RONALD D JR NAME NAME 506 ITT AVENUE, NE 3655A OLD COURT RD STE. 16 STREET ADDRESS STREET ADDRESS **BALTIMORE MD 21208** CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 337°/ N Delete TITLE SECRETARY Change Addition HALL DONNA S HALL, DONNA NAME NAME 3655A OLD COURT RD STE. 16 506 JITH AVENUE, NE ST. PETERSBURG FL STREET ADDRESS STREET ADDRESS **BALTIMORE MD 21208** CITY-ST-ZIP CITY-ST-ZIP-3370/ TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

CR2E034 (10/02)