

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000006222

1. Entity Name
BOVIE MEDICAL CORPORATION



Principal Place of Business
**7100 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710-2902**

Mailing Address
**7100 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710-2902**



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2644611

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEABODY, CHUCK
7100 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710-2902**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAKRIDES, ANDREW 7100 30TH AVENUE N ST. PETERSBURG, FL 337102902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARON, J. ROBERT 9807 ASHLEY DRIVE SEMINOLE, FL 34642
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KROMER, GEORGE 7100 30TH AVE N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRECO, ALFRED 7100 30TH AVENUE NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000242967
02/25/05-R0021-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 7278038512

Date

Daytime Phone #