

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006222

FILED
Apr 23, 2007
Secretary of State

Entity Name: BOVIE MEDICAL CORPORATION

Current Principal Place of Business:

7100 30TH AVENUE NORTH
ST. PETERSBURG, FL 337102902

New Principal Place of Business:

Current Mailing Address:

7100 30TH AVENUE NORTH
ST. PETERSBURG, FL 337102902

New Mailing Address:

FEI Number: 11-2644611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CITRONOWICZ, MOSHE
7100 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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: PD () Delete
Name: MAKRIDES, ANDREW
Address: 7100 30TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 337102902

Title: D () Delete
Name: SARON, J. ROBERT
Address: 9807 ASHLEY DRIVE
City-St-Zip: SEMINOLE, FL 34642

Title: D () Delete
Name: KROMER, GEORGE
Address: 7100 30TH AVE N
City-St-Zip: ST PETERSBURG, FL

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: CFO () Change (X) Addition
Name: PICKETT, GARY D
Address: 7100 30TH AVE N
City-St-Zip: ST PETERSBURG, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY D. PICKETT

CFO

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date