

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90157 020 \*\*\*158.75

**DOCUMENT # F97000006483**

1. Entity Name  
**QUICK-MED TECHNOLOGIES, INC.**



Principal Place of Business  
**3427 SW 42 WAY  
GAINESVILLE, FL 32608**

Mailing Address  
**401 NE 25TH TERRACE  
BOCA RATON, FL 33431**



2. Principal Place of Business

3. Mailing Address

03062006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**98-0204736**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LERNER, DAVID  
401 NE 25TH TERRACE  
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LERNER, DAVID  
STREET ADDRESS 401 NE 25TH TERRACE  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE C ☐ Delete  
NAME GRANITO, MICHAEL  
STREET ADDRESS 30 E 37TH STREET  
CITY-ST-ZIP NEW YORK, NY 10016

TITLE D ☐ Delete  
NAME SCHULTZ, GREGORY  
STREET ADDRESS 1600 SW ARCHER RD  
CITY-ST-ZIP GAINESVILLE, FL 32610

TITLE D ☐ Delete  
NAME CERJAN, PAUL  
STREET ADDRESS 3524 OLD COURSE LANE  
CITY-ST-ZIP VALRICO, FL 33594

TITLE VD ☐ Delete  
NAME OLDERMAN, JERRY  
STREET ADDRESS 17 AIKMAN DRIVE  
CITY-ST-ZIP BEDFORD, MA 01730

TITLE D ☐ Delete  
NAME FRIEL, GEORGE  
STREET ADDRESS RR2, BOX 69  
CITY-ST-ZIP BUCKEYE, WV 24924

TITLE D ☐ Change ☒ Addition  
NAME CAFFEY, RICHARD  
STREET ADDRESS 3658 RT44 PO BOX 319  
CITY-ST-ZIP BROWNSVILLE, VT 05037

TITLE D ☐ Change ☒ Addition  
NAME TURNBULL, CHERYL  
STREET ADDRESS 180 E BROAD ST, #1704  
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE C ☒ Change ☐ Addition  
NAME GRANITO, MICHAEL  
STREET ADDRESS 1088 SHADY AVE.  
CITY-ST-ZIP PITTSBURGH, PA 15232

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *David Lerner* **DAVID LERNER PRESIDENT**

3-7-06 561-750-4202  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #