
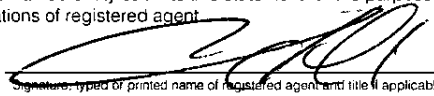


**- 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90038 008 \*\*\*150.00

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # L20673</b><br>1. Entity Name<br><b>BIOTRONICS, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>6191 ORANGE DR.<br/>                 4468<br/>                 DAVIE FL 33324</b>   |  | Mailing Address<br><b>% MARLENE H. CONTI<br/>                 9143B S.W. 23 STREET<br/>                 FORT LAUDERDALE FL 33324</b>   |  |
| 2. Principal Place of Business<br><b>6191 ORANGE DR</b><br>Suite, Apt. #, etc.<br><b># 4468</b>   |  | 3. Mailing Address<br><b>% MARLENE H. CONTI</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>DAVIE, FL</b>  |  | City & State   |  |
| Zip<br><b>33314</b>   | Country<br><b>USA</b>  | Zip  | Country  |
| 6. Name and Address of Current Registered Agent<br><b>CONTI, MARLENE H.<br/>                 9143B S.W. 23 STREET<br/>                 FORT LAUDERDALE FL 33324</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>BERNARD CONTI</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6191 ORANGE DR</b><br>City <b>DAVIE</b> <b>FL</b> Zip Code <b>33314</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent, and title if applicable.</small>                                |  | DATE <b>4/6/04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input checked="" type="checkbox"/> Delete<br><b>CONTI, MARLENE H.<br/>                 9143B S.W. 23 STREET<br/>                 FORT LAUDERDALE FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D/P<br/>                 BERNARD CONTI<br/>                 6191 ORANGE DR<br/>                 DAVIE, FL 33314</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |



MOORE CR2E034 (11/03)

4. FEI Number **65-0160076** Applied For Not Applicable

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

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 empowerments.

SIGNATURE  **BERNARD CONTI** DATE **4/6/04** (954) 792-0064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #