

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20673

Entity Name: BIOTRONICS, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

6191 ORANGE DR. #4468
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

% BERNARD CONTI
9143B S.W. 23 STREET
FORT LAUDERDALE, FL 33324

New Mailing Address:

FEI Number: 65-0160076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTI, BERNARD
6191 ORANGE DR.
DAVIE, FL 33314 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: DP () Delete
Name: CONTI, BERNARD
Address: 6191 ORANGE DR.
City-St-Zip: DAVIE, FL 33314

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CONTI, MARLENE H VP
Address: 9143B SW 23RD ST
City-St-Zip: DAVIE, FL 33324 BR

I hereby certify that the information supplied with this filing does not qualify 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: BERNARD CONTI

DP

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date