

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91108 031 ***150.00

UBR0303 / 10/02

DOCUMENT # L20673

1. Entity Name
BIOTRONICS, INC.



Principal Place of Business
% MARLENE H. CONTI
9143B S.W. 23 STREET
FORT LAUDERDALE FL 33324

Mailing Address
% MARLENE H. CONTI
9143B S.W. 23 STREET
FORT LAUDERDALE FL 33324



2. Principal Place of Business

6191 ORANGE Dr

3. Mailing Address

Suite, Apt. #, etc.

4468

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

4. FEI Number

65-0160076

Applied For

Not Applicable

Zip

33314

Country

BROOKHOLD

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CONTI, MARLENE H.
9143B S.W. 23 STREET
FORT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 Delete
NAME **D CONTI, MARLENE H.**
STREET ADDRESS **9143B S.W. 23 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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: _____

SMarlene Conti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03

Date

(854) 792-0064

Daytime Phone #

CR2E034 (10/02)