

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90059 046 \*\*\*150.00

**DOCUMENT # L45666**

1. Entity Name

WITT BIOMEDICAL CORPORATION



Principal Place of Business

305 NORTH DRIVE  
MELBOURNE FL 32934

Mailing Address

C/O PHILIPS ELECTRONICS  
1251 AVE. OF THE AMERICAS  
NEW YORK NY 10020

2. Principal Place of Business - No P.O. Box #

305 North Drive

Suite, Apt. #, etc.

3. Mailing Address

305 North Drive

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32934

Country

USA

City & State

Melbourne, FL

Zip

32934

Country

USA

4. FEI Number 59-3105799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 date applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

TITLE P  
NAME WILHELMUS, GROENHUGSEN  
STREET ADDRESS 1251 6TH AVE  
CITY ST / ZIP NEW YORK NY 10020 ☐ Delete

TITLE V-P  
NAME SMITH, ROBERT N  
STREET ADDRESS 1251 6TH AVE  
CITY ST / ZIP NEW YORK NY 10020 ☐ Delete

TITLE T  
NAME ELTVEST, ANTHONY  
STREET ADDRESS 1251 6TH AVE  
CITY ST / ZIP NEW YORK NY 10020 ☐ Delete

TITLE S  
NAME OATES, WARREN T JR  
STREET ADDRESS 2809 WHISTLER STREET  
CITY ST / ZIP W MELBOURNE FL 32904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST / ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST / ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert N. Smith

2/7/06

212-536-0784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #