


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90002 009 ***550.00

DOCUMENT # L45666 1. Entity Name WITT BIOMEDICAL CORPORATION			
Principal Place of Business 305 NORTH DR MELBOURNE, FL 32934		Mailing Address 305 NORTH DR MELBOURNE, FL 32934	
2. Principal Place of Business - No P.O. Box # 305 North Dr.		3. Mailing Address 200 Franklin Square Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Melbourne, FL		City & State Somerset NJ	
Zip 32934		Zip 08875	
Country USA		Country USA	
4. FEI Number 59-3105799		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WILHELMUS, GROENHUGSEN STREET ADDRESS 1251 6TH AVE CITY-ST-ZIP NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete	TITLE President NAME Pamela Dunlap STREET ADDRESS 3000 Minuteman Rd, Andover, MA 01810 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V-P NAME SMITH, ROBERT N STREET ADDRESS 1251 6TH AVE CITY-ST-ZIP NEW YORK, NY 10020	<input type="checkbox"/> Delete	TITLE 200 Franklin Square Dr. NAME Somerset, NJ 08875 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ELTVEST, ANTHONY STREET ADDRESS 1251 6TH AVE CITY-ST-ZIP NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME OATES, WARREN T JR STREET ADDRESS 2809 WHISTLER STREET CITY-ST-ZIP W MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE 75 Rockefeller Plaza NAME Ny, NY 10019 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Joseph Innamorati, Director NAME 75 Rockefeller Plaza STREET ADDRESS Ny, NY 10019 CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8/11/08 Daytime Phone # 732-565-3648	