

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90077 027 ***150.00

DOCUMENT # L45666



1. Entity Name
WITT BIOMEDICAL CORPORATION

Principal Place of Business
**305 NORTH DRIVE
MELBOURNE FL 32934**

Mailing Address
**305 NORTH DRIVE
MELBOURNE FL 32934**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3105799

Applied For
Not Applicable

Zip Country

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

7. Name and Address of New Registered Agent

**HEALY, PATRICK F.
700 S. BABCOCK ST. SUITE 400
MELBOURNE FL 32902**

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 \$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 | C | <input type="checkbox"/> Delete |
| NAME | WITT, TERENCE R | |
| STREET ADDRESS | 2900 RIVERSIDE DRIVE | |
| CITY-ST-ZIP | INDIALANTIC FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WOLFE, MICHAEL R | |
| STREET ADDRESS | 4285 WINDOVER WAY | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | WITT, DONNA J | |
| STREET ADDRESS | 2555 WRIGHT AVENUE | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | VASTA, JEANNE M | |
| STREET ADDRESS | 752 CARRIAGE HILL ROAD | |
| CITY-ST-ZIP | MELBOURNE FL 32940 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 *Donna J. Witt* **DO DONNA J. WITT**

01/03/03 321/253-5693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)