


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90194 046 ***150.00

DOCUMENT # L64179	
1. Entity Name MEDTECH LEASING CORPORATION	

Principal Place of Business 250 AUSTRALIAN AVENUE 1550 CLEARLAKE CENTRE WEST PALM BEACH, FL 33401	Mailing Address 250 AUSTRALIAN AVENUE 1550 CLEARLAKE CENTRE WEST PALM BEACH, FL 33401
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40055129



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04052006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C. ESQUIRE
 250 AUSTRALIAN AVENUE
 1550 CLEARLAKE CENTRE
 WEST PALM BEACH, FL 33401

4. FEI Number
65-0185027

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: John C. Schneider
 Street: The Montecito - Suite 801
 616 Clearwater Park Road
 City: West Palm Beach, FL 33401
 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, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY - ST - ZIP	P WISNICKI, JEFFREY 8741 WENDY LANE S. WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: 4/20/06 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR