## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000005508

Entity Name: MED-TECH LABS, INC

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1775 S FTHARRISON AVE 1375 S FTHARRISON AVE CLEARWATER, FL 33756 CLEARWATER, FL 33756 **Current Mailing Address: New Mailing Address:** 112 HOMEPORT DR PALM HARBOR, FL 34683 FEI Number: 59-3616035 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALMON, EDWIN B JR 112 HOMEPORT DR PALM HARBOR, FL 34683 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. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition SALMON, EDWIN B JR SALMON, EDWIN B JR Name: Name: 112 HOMEPORT DR 112 HOMEPORT DR Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: P/D Title: () Delete (X) Change ( ) Addition Name: HAMILTON, JAMES Name: BARMORE, PAT 13317 GOLF CREST CIRCLE 1375 S. FT. HARRISON AVE. Address: Address: TAMPA, FL 33624 CLEARWATER, FL 33756 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete V/D TULLY, VERONICA Name: Name: 1375 S. FT. HARRISON AVE Address Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: ( ) Change (X) Addition KEARNEY, TOM Name: Name: Address: Address: 1375 S. FT. HARRISON AVE City-St-Zip: City-St-Zip: CLEARWATER, FL 33756 Title: Title: ( ) Change (X) Addition ( ) Delete MULLINEAUX, LEE Name: Name: Address: Address: 1375 S. FT. HARRISON AVE City-St-Zip: City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN B JR SALMON S/C 05/01/2002