

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021030

Entity Name: BIOMED TECHS, INC.

FILED  
Jan 19, 2004  
Secretary of State

**Current Principal Place of Business:**

4107 SW 77 STREET  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

4107 SW 77 STREET  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 59-3632178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVENUS, JOHN  
4107 SW 77 STREET  
GAINESVILLE, FL 32608

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALVENUS, JOHN JR  
Address: 4107 SW 77 STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: IVEY, RENNARD  
Address: 2100 SE 46 TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete  
Name: FOWLER, JAMES  
Address: 4414 SW 81ST PLACE  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN ALVENUS

D

01/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date