


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000067951 1. Entity Name SOUTH BAY BIO-MEDICAL, INC.	
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Principal Place of Business 6506 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572	Mailing Address 6506 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3661268	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 SPEIGHT, GARY W 6506 SOLITARE PALM WAY APOLLO BEACH, FL 33572	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGHT, GARY W 6506 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SPEIGHT, GARY W 6506 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEIGHT, PAMELA D 6506 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UG0000308124
04/15/05-80080-U18 150.00

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: Pamela D. Speight 4/12/05 813 641-3054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #