

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116467

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: CYCLOTEC ADVANCED MEDICAL TECHNOLOGIES, INC.

**Current Principal Place of Business:**

4871 NW 65TH AVENUE  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

100 WEST CYPRESS ROAD, SUITE 700  
C/O GREENSPOON MARDER P.A.  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 59-3694953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COHN, ALAN B ESQ  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309 US

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MICHELSON, STEPHEN A  
Address: 4871 NW 65TH AVENUE  
City-St-Zip: LAUDERHILL, FL 33319

Title: DVP ( ) Delete  
Name: FREUNDENHAHL, ANN  
Address: 4871 NW 65TH AVENUE  
City-St-Zip: 4871 NW 65TH AVENUE, FL 33319

Title: DT ( ) Delete  
Name: GREENE, JEFFREY  
Address: 4871 NW 65TH AVENUE  
City-St-Zip: 4871 NW 65TH AVENUE, FL 33319

**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 exemption stated 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 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: STEPHEN A. MICHELSON

PRES

06/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date