

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90078 040 \*\*\*158.75

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000032880**  
 1. Entity Name  
**INTERACTIVE MEDICAL TECHNOLOGIES, INC.**

Principal Place of Business      Mailing Address  
 1985 NORTHWEST 88 COURT #101      1985 NORTHWEST 88 COURT #101  
 MIAMI FL 33172      MIAMI FL 33172

38532



DO NOT WRITE IN THIS SPACE

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

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 05-1101911      Not Applicable

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

6. Name and Address of Current Registered Agent  
**TRUEBA, CARLOS M**  
**1985 NORTHWEST 88 COURT #101**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>LUIS ALVAREZ, PRES/SEC</b> <b>1825 PONCE DE LEON BLVD #138</b> <b>CORAL GABLES FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>VINCENT A. LANDIS</b> <b>1825 PONCE DE LEON BLVD #138</b> <b>CORAL GABLES FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (8/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (305) 593-2644  
 Date      Office Phone #

*Attachment*

38532

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Interactive Medical Technologies, Inc.  
1985 NW 88<sup>th</sup> Court #101  
Miami, Florida 33172

Ref No. #: P01000032880

Luis Alvarez – **President/Secretary**  
1825 Ponce de Leon Blvd. #138  
Coral Gables, Florida 33134

Vincent A. Landis – **Vice President**  
1825 Ponce de Leon Blvd. #138  
Coral Gables, Florida 33134

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NOT FOR DISTRIBUTION



*Attachment*

38532

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

June 6, 2002

INTERACTIVE MEDICAL TECHNOLOGIES, INC.  
1985 NORTHWEST 88 COURT #101  
MIAMI, FL 33172

Subject: INTERACTIVE MEDICAL TECHNOLOGIES, INC.

Reference Number: P01000032880

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MP  
ANNUAL REPORTS SECTION