

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000094324

FILED  
Sep 02, 2005  
Secretary of State

Entity Name: TELZUIT MEDICAL TECHNOLOGIES, INC.

## Current Principal Place of Business:

5422 CARRIER DR SUITE 306  
ORLANDO, FL 32819 US

## New Principal Place of Business:

## Current Mailing Address:

5422 CARRIER DR SUITE 306  
ORLANDO, FL 32819 US

## New Mailing Address:

FEI Number: 01-0656115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LALLOUZ, LUCIEN  
2875 NE 191ST STREET  
PENTHOUSE 2  
MIAMI, FL 33180 US

## Name and Address of New Registered Agent:

SPROAT, DONALD G  
5422 CARRIER DR.  
SUITE 306  
ORLANDO, FL 32819 US

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: DONALD G. SPROAT

09/02/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LALLOUZ, LUCIEN  
Address: 2875 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33180 US

Title: CFO ( ) Delete  
Name: WELIKOFF, MIACHAEL  
Address: 2875 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33180 US

Title: DC ( ) Delete  
Name: WELIKOFF, MICHAEL  
Address: 2875 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33180 US

Title: D ( ) Delete  
Name: LENCOVSKI, MARCOS  
Address: 2875 NE 191ST STREET  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SPROAT, DONALD G  
Address: 5422 CARRIER DR., SUITE 306  
City-St-Zip: ORLANDO, FL 32819 US

Title: VPSD (X) Change ( ) Addition  
Name: TOLAN, JAMES  
Address: 5422 CARRIER DR., SUITE 306  
City-St-Zip: ORLANDO, FL 32819 US

Title: VPD (X) Change ( ) Addition  
Name: VOSCH, MICHAEL  
Address: 5422 CARRIER DR., SUITE 306  
City-St-Zip: ORLANDO, FL 32819 US

Title: D (X) Change ( ) Addition  
Name: STEMPLES, JON C  
Address: 5422 CARRIER DR., SUITE 306  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Change (X) Addition  
Name: STOWELL, WARREN D  
Address: 5422 CARRIER DR., SUITE 306  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Change (X) Addition  
Name: PHILLIPS, CHRIS  
Address: 5422 CARRIER DR., SUITE 306  
City-St-Zip: ORLANDO, FL 32819

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: DONALD G. SPROAT

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09/02/2005

Electronic Signature of Signing Officer or Director

Date