

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106604

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** BIOTECHNOLOGY MEDICAL WASTE TRANSFERS, INC.

**Current Principal Place of Business:**

2910 DUSA DRIVE  
MELBOURNE, FL 32934

**New Principal Place of Business:**

105 KINGS GRANT  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

2910 DUSA DRIVE  
MELBOURNE, FL 32934

**New Mailing Address:**

105 KINGS GRANT  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 59-3754718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADAFFARI, SALVATORE S  
276 ODOMS MILL BLVD  
PONTE VEDRA BEACH, FL 32082 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILO, BEAU T  
Address: 105 KINGS GRANT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD  
Name: MILO, CHRISTOPHER S  
Address: 105 KINGS GRANT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD  
Name: PASCALE, CRAIG  
Address: 105 KINGS GRANT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD  
Name: MADAFFARI, SALVATORE S  
Address: 105 KINGS GRANT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: BEAU T. MILO

P

04/30/2010

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

\_\_\_\_\_  
Date