2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 20, 2005 08:00 AM Secretary of State **DOCUMENT # P02000009691** MEDTECH FORENSICS, INC. Principal Place of Business Mailing Address 4019 APALACHEE PKWY. 4019 APALACHEE PKWY. TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2996501 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUGGINS, MELANIE J DO NOT WRITE 4019 APALACHEE PKWY. TALLAHASSEE, FL 32311 IN THIS SPACE 3. 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 side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HUGGINS, MELANIE J 4019 APALACHEE PKWY. STREET ADDRESS CITY-ST-7P TALLAHASSEE, FL 32311 ME NAME HOLLAND, JANET E 4019 APALACHEE PKWY. STREET ADDRESS TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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: _

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-71P





