


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000143297 1. Entity Name B.N. MEDICAL, INC.					
Principal Place of Business 13709 PROGRESS BLVD, BOX 8 ALACHUA, FL 32615			Mailing Address 13709 PROGRESS BLVD, BOX 8 ALACHUA, FL 32615		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GVOZDIC, NEDELJKO 13709 PROGRESS BLVD, BOX 8 ALACHUA, FL 32615			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHTA, BHARAT A 13709 PROGRESS BLVD, BOX 8 ALACHUA, FL 32615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GVOZDIC, NEDELJKO 13709 PROGRESS BLVD, BOX 8 ALACHUA, FL 32615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>NEDELJKO GVOZDIC</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/16/2004 <small>Date</small>	
				386-462-2710 <small>Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/09/04 90052 040 18000



08172004 Chg-P 34 (10/03)

(4) FEI Number **20-0888793** Applied For Not Applicable

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



BN Medical, Inc.

13709 Progress Boulevard, Box 8 • Alachua, Florida 32615 • USA

Phone: (386) 462-2710 • Fax: (386) 418-4308 • e-mail: gvozdic@alltel.net

August 16, 2004

**Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314**

Dear Sir / Madam:

Enclosed please find a copy of corrected 2004 *Annual Report* for Profit Corporation. I am sending this letter to you in a response to your correspondence mailed on March 11, 2004 to BN Medical, Inc. which Post Office failed to deliver. I have entered the FEI Number in a Box #4 that was missing in the form which I have downloaded from your web-site.

Thank you very much for your patience and your help

Sincerely Yours,

Ned Gvozdic, Ph.D.
V. President R&D
BN Medical, Inc.