2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000073131

Entity Name: MEDTECH HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

811 SW 44TH ST
SUITE 5
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152256
CAPE CORAL, FL 33915-225

New Mailing Address:

811 SW 44TH ST
#5
CAPE CORAL, FL 33914

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RALPH, LENOX
402 NE 12TH CT
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

RALPH, LENOX
811 SW 44TH ST
#5
CAPE CORAL, FL 33914 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: LENOX RALPH 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RALPH, LENOX
Address: 402 NE 12TH CT
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RALPH, LENOX
Address: 811 SW 44TH ST
City-St-Zip: CAPE CORAL, FL 33914

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: LENOX RALPH P 04/30/2005
Electronic Signature of Signing Officer or Director Date