

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007099

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: SENTECH MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

4200 NW 120TH AVENUE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

4200 NW 120TH AVENUE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 20-4155668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CEO ( ) Delete  
Name: DANIELS, ABBEY  
Address: 4200 NW 120TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: CFO ( ) Delete  
Name: COSTANTINO, VINCE  
Address: 4200 NW 120TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: SABO, ELIAS  
Address: 24422 AVENIDA DE LA CARLOTA, STE 370  
City-St-Zip: LAQUINA HILLS, CA 92653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: COSTANTINO, VINCENT  
Address: 4200 NW 120TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VINCENT COSTANTINO

CFO

03/25/2009

Electronic Signature of Signing Officer or Director

Date