

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90043 039 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000145596

1. Entity Name
BIOMEDICAL LABORATORY TECHNOLOGIES INC



Principal Place of Business
100 NORTH PARK AVE
APOPKA, FL 32703 US

Mailing Address
100 NORTH PARK AVE
APOPKA, FL 32703 US

40067736



2. Principal Place of Business - No P.O. Box #
1128 Canopy Oaks Dr
Suite, Apt. #, etc.

3. Mailing Address
614 E Hwy 50, PMB#186
Suite, Apt. #, etc.

01222008 Chg-P CR2E034 (12/06)

City & State
Minneola, FL
Zip
34715
Country
USA

City & State
Clermont, FL
Zip
34711
Country
USA

4. FEI Number
20-5912802
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JENCIC, NYKII J
1128 CANOPY OAKS DR.
MINNEOLA, FL 34715

7. Name and Address of New Registered Agent

Name
Jon Oden, ESQ
Street Address (P.O. Box Number is Not Acceptable)
30 N. Orange Ave, Ste 1100
City
Orlando FL Zip Code
32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	JENCIC, NYKII J	1128 CANOPY OAKS DRIVE	MINNEOLA, FL 34715	<input type="checkbox"/>
VP	JENCIC, ROBERT	1128 CANOPY OAKS DRIVE	MINNEOLA, FL 34715	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert P. Jencic Date: 03/05/08 Daytime Phone #: 3407-889-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR