

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-16-2008 90028 020 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000111678			
1. Entity Name INTERACTIVE MEDICAL TECHNOLOGIES, CORP.			
Principal Place of Business 305 TRIESTE DR PALM BEACH GARDENS, FL 33418 US		Mailing Address 305 TRIESTE DR PALM BEACH GARDENS, FL 33418 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 261216946		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUGLIESE, ROBERTA 305 TRIESTE DR PALM BEACH GARDENS, FL 33418		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: <i>Roberta Pugliese</i> DATE: 6/4/08 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PUGLIESE, ROBERTA 305 TRIESTE DR PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGLIESE, ROBERTA 305 TRIESTE DR PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>Roberta Pugliese</i> DATE: 4/28/08 DAYTIME PHONE: 561 775-4605 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			