2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# P07000111678

Entity Name: INTERACTIVE MEDICAL TECHNOLOGIES, CORP.

Current Principal Place of Business:

400 NORTHPOINT PARKWAY
SUITE 700
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

400 NORTHPOINT PARKWAY
SUITE 700
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 26-1216946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUGLIESE, ROBERTA
305 TRIESTE DR
PALM BEACH GARDENS, FL 33418 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

OFFICERS AND DIRECTORS:

Title: VP
Name: PUGLIESE, ROBERTA
Address: 305 TRIESTE DR
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: ST
Name: PUGLIESE, ROBERTA
Address: 305 TRIESTE DR
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: PRES
Name: LAING, MICHAEL
Address: 305 TRIESTE DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: ROBERTA PUGLIESE VP 02/09/2012

Electronic Signature of Signing Officer or Director Date