

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060624

FILED
Sep 15, 2009
Secretary of State

Entity Name: NOVAMEDITECH MEDICAL SYSTEMS CORP.

Current Principal Place of Business:

4101 SW 47 AVENUE
105
DAVIE, FL 33314

New Principal Place of Business:

2402 NW 87 PLACE
DORAL, FL 33172

Current Mailing Address:

4101 SW 47 AVENUE
105
DAVIE, FL 33314

New Mailing Address:

2402 NW 87 PLACE
DORAL, FL 33172

FEI Number: 26-2848418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URDANETA, ERNESTO
4101 SW 47 AVENUE
105
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

URDANETA, ERNESTO
2402 NW 87 PLACE
DORAL, FL 33172 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:

09/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: URDANETA, ERNESTO
Address: 4101 SW 47 AVENUE, SUITE 105
City-St-Zip: DAVIE, FL 33314

Title: VPD () Delete
Name: VARELA, MARDIN
Address: 4101 SW 47 AVENUE, SUITE 105
City-St-Zip: DAVIE, FL 33314

Title: STD (X) Delete
Name: SANCHEZ, LUIS A
Address: 4101 SW 47 AVENUE, SUITE 105
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: URDANETA, ERNESTO
Address: 2402 NW 87 PLACE
City-St-Zip: DORAL, FL 33172

Title: VPD (X) Change () Addition
Name: SANCHEZ, LUIS A
Address: 2402 NW 87 PLACE
City-St-Zip: DORAL, FL 33172

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: LUIS A. SANCHEZ

VPD

09/15/2009

Electronic Signature of Signing Officer or Director

Date