

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000097633

**FILED**  
**Jun 30, 2010**  
**Secretary of State**

**Entity Name:** BIOPHYTOCEUTICALS MEDICAL INCORPORATED

**Current Principal Place of Business:**

3551 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33427

**New Principal Place of Business:**

6002 60TH WAY  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

P.O. BOX 14233  
NO. PALM BEACH, FL 33408

**New Mailing Address:**

6002 60TH WAY  
WEST PALM BEACH, FL 33409

**FEI Number:** 27-1414198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCORD, TORLA  
4717 SABLE PINE CIRCLE  
B-2  
WEST PALM BEACH, FL 33417 US

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

MURRAY, MARK  
6002 60TH WAY  
WEST PALM BEACH, FL 33409 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: MARK MURRAY

06/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLMAN, JOHN  
Address: 1801 NE 28TH DRIVE  
City-St-Zip: WILTON MANORS, FL 33406

Title: VP  
Name: MURRAY, MARK  
Address: 60TH WAY, SUITE 2  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SECY  
Name: BROZ, JOHN J  
Address: 402 NORTH LAKESIDE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

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: JOHN COLMAN

PRES

06/30/2010

Electronic Signature of Signing Officer or Director

Date