## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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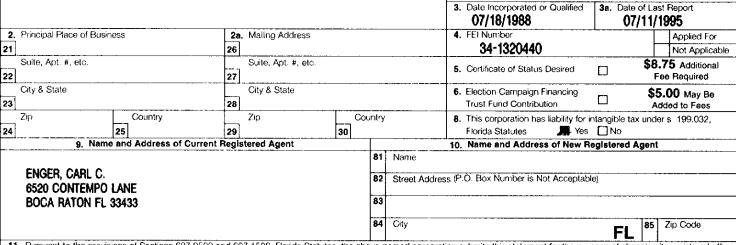
DOCUMENT #

BIOTELEMETRICS, INC.

Principal	Place	of Bu	usiness

Mailing Address

6520 CONTEMPO LANE **BOCA RATON FL 33433**  6520 CONTEMPO LANE **BOCA RATON FL 33433** 



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

S	IGNA	TILLE	₹F

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Flagistered Agent signature r	required when reinstaling)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTO	RS IN 12
TITLE	·	ELETE 1 1 TITLE		☐ Change	Addition
NAME	ENGER, CARL C.	1.2 NAME			
STREET ADDRESS	6520 CONTEMPO LANE	13 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZiP			
TITLE	V	ELETE 2 1 TITLE		☐ Change	☐ Addition
NAME	ENGER, WILLIAM J.	22 NAME			
STREET ADORESS	1352F LAS JUANTOS WAY	23 STREET ADDRESS			
CITY - ST - ZIP	WALNUT CREEK CA	2 4 CITY - ST - ZIP			
TITLE		PELETE 3 1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3 4 CITY - ST - ZIP			
TITLE		ELETE 4. 1 TITLE		☐ Change	Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREFT ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - 2IP			
TITLE		ELETE 5. 1 TITLE		☐ Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET ADORESS			
CITY-ST-ZIP		5 4 CITY - ST - ZIP			
TITLE	D	ELETE 6 1 TITLE		☐ Change	Addition
NAME		6.2 NAM€			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - CT - 710		BACITY OT 7ID			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNING OFFICER OR DIRECTOR