## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000023690

**Entity Name:** DEL-TECH MEDICAL, INC.

FILED Apr 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1946 NW 85TH DRIVE 5927 NW 122 DRIVE

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33076 US

**Current Mailing Address: New Mailing Address:** 

5927 NW 122 DRIVE 1946 NW 85TH DR.

CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33071 US US

FEI Number: 65-0400465 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DRAPKIN, DOROTHY DRAPKIN, DOROTHY 1946 NW 85TH DROVE 5927 NW 122 DRIVE

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33076 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: 04/28/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

DRAPKIN, DOROTHY DRAPKIN, DOROTHY Name: Name: 1946 NW 85TH DRIVE Address: 5927 NW 122 DRIVE Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33076

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: DOROTHY DRAPKIN 04/28/2008 D