

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90044 029 \*\*\*150.00

**DOCUMENT # P93000061489**

1. Entity Name  
**LIFETECH SYSTEMS, INC.**

Principal Place of Business

11350 RANDOM HILLS RD  
 SUITE #800  
 FAIRFAX VA 22030  
 US

Mailing Address

701 BRICKELL AVE  
 3000  
 MIAMI FL 33131  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0456883**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE**  
**3000**  
**MIAMI FL 33131**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOKKEN, ODDVIN D.D.S.</b>	
STREET ADDRESS	<b>131 FOREST AVE</b>	
CITY-ST-ZIP	<b>RYE NY</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>OBERST JOHN R.</b>	
STREET ADDRESS	<b>11334 EDENDERRY DR.</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22030</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DICK, ROBERT H</b>	
STREET ADDRESS	<b>11350 RANDOM HILLS RD #800</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22030</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LOKKEN, ODDVIN DDS</b>	
STREET ADDRESS	<b>131 FOREST AVE</b>	
CITY-ST-ZIP	<b>RYE NY</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> Delete
NAME	<b>OBERST, JOHN R</b>	
STREET ADDRESS	<b>11334 EDENDERRY DR</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
TITLE	<b>COED</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHELLEY, MICHAEL J</b>	
STREET ADDRESS	<b>11350 RANDOM HILLS RD #800</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22030</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL CARIDI</b>	
STREET ADDRESS	<b>340 STAGG ST.</b>	
CITY-ST-ZIP	<b>BROOKLYN, NY 11206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERNARD GOLD, DR.</b>	
STREET ADDRESS	<b>120 DOGWOOD AVE</b>	
CITY-ST-ZIP	<b>ROSLYN HARBUR, NY 11576-1213</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECY/TREAS/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE John R. Oberst **JOHN R. OBERST** **APR 8, '01** **7032732009**

CR2E034 (10/00)