

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90069 009 \*\*\*158.75

**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  
**36181 E Lake Rd  
Suite, Apt. #, etc.  
# 300**

3. Mailing Address  
**36181 E Lake Rd  
11334 Edenderry Drive  
Suite, Apt. #, etc.  
# 300**



☒ CHECK HERE IF MAKING CHANGES

City & State  
**PALM HARBOR FL**  
Zip  
**34685**  
Country  
**USA**

City & State  
**FAIRFAX, VA PALM HARBOR FL**  
Zip  
**22030**  
Country  
**USA**

4. FEI Number  
**65-0456883**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
**Richard Bradley**  
Street Address (P.O. Box Number is Not Acceptable)  
**1158 Kingsway La**  
City  
**Tarpon Spgs FL** Zip Code  
**34688**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
**Richard Bradley**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**3/4/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO LOKKEN, ODDVIN D.D.S. 11334 EDENDERRY DR. FAIRFAX VA 22030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT OBERST JOHN R. 11334 EDENDERRY DR. FAIRFAX VA 22030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARIDI, MICHAEL 11334 EDENDERRY DR. FAIRFAX VA 22030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD OBERST, JOHN R 11334 EDENDERRY DR FAIRFAX VA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN, DIRECTOR LOKKEN ODDVIN 11334 Edenderry Dr. FAIRFAX VA 22030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE CHAIRMAN CARIDI MICHAEL 11334 Edenderry Dr. FAIRFAX VA 22030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, DIRECTOR RICHARD BRADLEY 1158 KINGSWAY LA TARPOON SPGS FL 34688</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard Bradley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/03 727 946-6579**

Date Daytime Phone #

CR2E034 (10/02)