


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000051393</b>			
<b>1. Entity Name</b> BIOCARD CORPORATION			
<b>Principal Place of Business</b> 6500 SW 114TH ST MIAMI FL 33156 US		<b>Mailing Address</b> 6500 SW 114TH ST MIAMI FL 33156 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 65-0765408		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
KARL, ROBERT H 6500 SW 114TH ST MIAMI FL 33156		Name	
		Street Address (P. O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KARL, ROBERT H	NAME	U00000223031
STREET ADDRESS	6500 SW 114TH ST	STREET ADDRESS	02/10/05-80028-013 150.00
CITY - ST - ZIP	MIAMI FL 33156	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KARL, NILZA S.	NAME	
STREET ADDRESS	6500 SW 114TH STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GOULD, TAFFY	NAME	
STREET ADDRESS	10 EDGEWATER DRIVE, APT 14F	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:** Robert H. Karl, M.D. 1/31/05 305-545-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #