

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051393

Entity Name: BIOCARD CORPORATION

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

6500 SW 114TH ST
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

6500 SW 114TH ST
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 65-0765408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARL, ROBERT H
6500 SW 114TH ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KARL, ROBERT H
Address: 6500 SW 114TH ST
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: KARL, NILZA S.
Address: 6500 SW 114TH STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: GOULD, TAFFY
Address: 10 EDGEWATER DRIVE, APT 14F
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT H. KARL, M.D.

D

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date