

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

AMENDED

Page 1 of 2

DOCUMENT # P97000010257

1. Entity Name

BIOMEDTEX, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
37 DEC -3 AM 11:37

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
102 NE 2nd Street #380

3. Mailing Address  
102 NE 2nd Street #380

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number

65-0725217

Applied For

Not Applicable

Zip  
33432

Country  
USA

Zip  
33432

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name

MICHAEL LOUIS SCHIPANI

Street Address (P.O. Box Number is Not Acceptable)

563 NE 47th Street

City

Boca Raton

FL

Zip Code  
33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/30/07

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
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
P/S/T/D	MICHAEL LOUIS SCHIPANI	563 NE 47th Street	Boca Raton, FL 33431
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

B 12/3/07

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

, Michael Louis Schipani

11/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

RECEIVED

07 DEC -3 AM 10:42

ACCOUNT NO. : 072100000032

REFERENCE : 340815

AUTHORIZATION

COST LIMIT

*[Signature]*  
\$ 61.25

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
8739A

ORDER DATE : December 3, 2007

ORDER TIME : 9:44 AM

ORDER NO. : 340815-005

CUSTOMER NO: 8739A

DOMESTIC FILINGS

NAME: BIOMEDTEX, INC.

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS \_\_\_\_\_