2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2009
Secretary of State

DOCUMENT# P97000036503

Entity Name: BIOMEDTECH LABORATORIES, INC.

Current Principal Place of Business:

813 BEN LOMOND DR.
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

813 BEN LOMOND DR.
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 59-3504376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SASSE, JOACHIM K
813 BEN LOMOND DR.
TEMPLE TERRACE, FL 33617 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: P ( ) Delete
Name: SASSE, JOACHIM K
Address: 813 BEN LOMOND DR.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: V ( ) Delete
Name: BRUEGEL-SASSE, JUTTA
Address: 813 BEN LOMOND DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: V ( ) Delete
Name: SASSE, JULIAN
Address: 202 PARK RIDGE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: V ( ) Delete
Name: SASSE, JUSTUS
Address: 8490 ROSE TERRACE N.
City-St-Zip: LARGO, FL 33777

Title: S ( ) Delete
Name: SASSE, STEPHENIE
Address: 202 PARK RIDGE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

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:

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: JOACHIM SASSE PH.D 05/30/2009

Electronic Signature of Signing Officer or Director Date