


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90343 007 ***150.00

DOCUMENT # P98000011173 1. Entity Name BIOMEDICAL ASSOCIATES, INC.					
Principal Place of Business 5944 W. WOODHILL CT. CRYSTAL RIVER, FL 34429			Mailing Address P.O. 896 CRYSTAL RIVER, FL 34423		
2. Principal Place of Business 6165 E. Vale St.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INVERNESS, FL		City & State		4. FEI Number 59-3498200	
Zip 34452		Country CITRUS		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent JOHNSON, MICHAEL F 5944 W. WOODHILL CT. CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6165 E. Vale St. City Inverness FL Zip Code 34452		
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 <u><i>Michael F. Johnson</i></u> DATE <u>4/18/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MICHAEL F 5944 W. WOODHILL CT. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, MICHAEL F 5944 W. WOODHILL CT. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Michael F. Johnson</i></u> President <u>4/18/06</u> <u>352 3442936</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					