


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000011173</b> 1. Entity Name <b>BIOMEDICAL ASSOCIATES, INC.</b>	
--	---

Principal Place of Business <b>6165 E. VALE ST INVERNESS, FL 34452</b>	Mailing Address <b>P.O. 896 CRYSTAL RIVER, FL 34423</b>
---	--

**DO NOT WRITE IN THIS SPACE**



07232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3498200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, MICHAEL F  
6165 E. VALE ST  
INVERNESS, FL 34452**

**DO NOT WRITE  
IN THIS SPACE**

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 *Michael F Johnson* 9/6/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MICHAEL F 6165 E VALE ST INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, MICHAEL F 6165 E VALE ST INVERNESS, FL 34452
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	

U00000773422  
09/06/07-80002-011 550.00

**DO NOT WRITE  
IN THIS SPACE**

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 any address with all other like empowered.

SIGNATURE: *Michael F Johnson* 9/6/07 3523442936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #