

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S18166**

1. Entity Name

**MEDTECH INTERNATIONAL, INC.****FILED****01 JUN 28 AM 7:56****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>949 S ORANGE BLOSSM TRAIL APOPKA FL 32703 US</b>		Mailing Address <b>P. O. BOX 162992 ALTAMONTE SPRINGS FL 32716 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SIMS, DAVID A. THE FIRST BUILDING, SUITE 200 500 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701</b>		4. FEI Number <b>59-3045653</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> Zip Code			
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEMAI, BRIAN</b> <input type="checkbox"/> Delete <b>949 S ORANGE BLOSSM TRAIL APOPKA FL 32703</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LEMAI, SANDRA</b> <input type="checkbox"/> Delete <b>949 S ORANGE BLOSSM TRAIL APOPKA FL 32703</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Brian P. Lema</i>		<b>78</b> Date <b>June 15, 2001</b> Daytime Phone # <b>407 880-6904</b>	

CR2E034 (10/00)

# MEDTECH International

SERVING THE MEDICAL, LABORATORY, FORENSIC & LAW ENFORCEMENT PROFESSIONAL

June 29, 2001

Florida Department of State  
Attn: Tyron  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Late Fee

Dear Tyron,

Please find a copy of letter from the State of Florida, a copy of our 2001 Uniform Business Report and a copy of my letter.

As I stated to you by phone, we had an illness in the family and then a death. The 2001 Uniform Business Report was on my desk under paper work and frankly with what my family been through, just plain slip my mind.

Thank-you for reviewing this for me and I hope the late fee would be waived. Would you please let me know the outcome?

If you have any questions, please contact me directly at 407-468-0079.

Thank you,

  
Brian P. Lemay  
President  
MEDTECH International, Inc.