

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39945

1. Entity Name

SENTECH MEDICAL SYSTEMS, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90009 032 \*\*\*150.00

Principal Place of Business

5353 NW 35 AVE  
FT. LAUDERDALE FL 33309  
US

Mailing Address

5353 NW 35 AVE  
FT. LAUDERDALE FL 33309-6315  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0392938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIGGIE, JOHN J.  
3041 NE 48TH ST.  
LIGHTHOUSE POINT FL 33309

Name

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

City

FL

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

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

(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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | VP                          | <input type="checkbox"/> Delete |
| NAME           | BIGGIE, JOHN J.             |                                 |
| STREET ADDRESS | 3041 NE 48TH ST.            |                                 |
| CITY-ST-ZIP    | LIGHTHOUSE POINT FL         |                                 |
| TITLE          | VP                          | <input type="checkbox"/> Delete |
| NAME           | BIGGIE, LYDIA               |                                 |
| STREET ADDRESS | 3041 NE 48TH ST.            |                                 |
| CITY-ST-ZIP    | LIGHTHOUSE POINT FL         |                                 |
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | BOSSLE, DUNCAN E            |                                 |
| STREET ADDRESS | 2830 ODL ORCHARD RD         |                                 |
| CITY-ST-ZIP    | DAVIE FL                    |                                 |
| TITLE          | CEO                         | <input type="checkbox"/> Delete |
| NAME           | SIMMONDS, GEOFFREY R        |                                 |
| STREET ADDRESS | 3288 HUNTINGTON WESTON HILL |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL            |                                 |
| TITLE          | VP                          | <input type="checkbox"/> Delete |
| NAME           | EDWARDS, JACKIE             |                                 |
| STREET ADDRESS | 18284 104TH TERR            |                                 |
| CITY-ST-ZIP    | BOCA RATON FL               |                                 |
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | HIGGINS, ROY                |                                 |
| STREET ADDRESS | 5217 VILALGE WAY            |                                 |
| CITY-ST-ZIP    | AMELIA ISLAND FL            |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN J BIGGIE 3/6/00 9547394972

CR2E034 (9/99)