2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# V39945

Entity Name: SENTECH MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

5353 NW 35 AVE
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5353 NW 35 AVE
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0392938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BIGGIE, JOHN J.,
Address: 3041 NE 48TH ST.
City-St-Zip: LIGHTHOUSE POINT, FL

Title: VP ( ) Delete
Name: BIGGIE, LYDIA,
Address: 3041 NE 48TH ST.
City-St-Zip: LIGHTHOUSE POINT, FL

Title: D ( ) Delete
Name: BOSSLE, DUNCAN E
Address: 2830 ODL ORCHARD RD
City-St-Zip: DAVIE, FL

Title: CEO ( ) Delete
Name: DANIELS, ABBEY
Address: 9777 N. SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Delete
Name: EDWARDS, JACKIE
Address: 18284 104TH TERR
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete
Name: HIGGINS, ROY
Address: 5217 VILALGE WAY
City-St-Zip: AMELIA ISLAND, FL

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN J. BIGGIE VP 03/16/2004
Electronic Signature of Signing Officer or Director Date