

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90125 027 \*\*\*150.00

**DOCUMENT # V39945**

**1. Entity Name**  
**SENTECH MEDICAL SYSTEMS, INC.**



**Principal Place of Business**  
**5353 NW 35 AVE**  
**FT. LAUDERDALE FL 33309**  
**US**

**Mailing Address**  
**5353 NW 35 AVE**  
**FT. LAUDERDALE FL 33309**  
**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**

☐ CHECK HERE IF MAKING CHANGES



**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. 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	DANIELS, ABBEY	
STREET ADDRESS	9777 N. SPRINGS WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
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	S/ITV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER ROLF	
STREET ADDRESS	1741 NW 95TH AVE.	
CITY-ST-ZIP	PLANTATION, 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		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 (954) 739-4972  
Date Daytime Phone #

CR2E034 (10/02)