

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0486034

**DOCUMENT # 322887**

1. Entity Name

**AMERICAN SCIENTIFIC INDUSTRIES INC**

04-04-2001 90092 045 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 410635  
 MELBOURNE FL 32941  
 US

PO BOX 410635  
 MELBOURNE FL 32941  
 US

**938603**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1198271**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**DAVIDOW, HOWARD B**  
**4799 SOLITARY DRIVE**  
**ROCKLEDGE FL 32955**

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, 2001 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

| 11. OFFICERS AND DIRECTORS |                                     | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVIDOW, HOWARD B.                  | NAME  |   |
| STREET ADDRESS             | 4799 SOLITARY DRIVE                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | ROCKLEDGE FL 32955                  | CITY-ST-ZIP   |   |
| TITLE                      | STD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVIDOW, VASALJKI                   | NAME  |   |
| STREET ADDRESS             | 4799 SOLITARY DRIVE                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | ROCKLEDGE FL 32955                  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | 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:

*Howard B. Davidow*  
**HOWARD B. DAVIDOW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 02, 2001 321-637-3389

Date Daytime Phone #

CR2E034 (10/00)