

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90956 031 ***150.00

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1. Entity Name
WASILAK MEDICAL, INC.

Principal Place of Business
**2731 SILVER STAR ROAD
ORLANDO FL 32808**

Mailing Address
**3912 SCARBOROUGH COURT
CLERMONT FL 34711**



2. Principal Place of Business
3912 Scarborough Ct.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Clermont, FLA

City & State

4. FEI Number
75-3001898

Applied For
Not Applicable

Zip
34711

Country
USA

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

**OWENS, JACK E
2731 SILVER STAR ROAD
ORLANDO FL 32808**

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **WASILAK, JOHN S**
STREET ADDRESS **3912 SCARBOROUGH COURT**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **PIT** Change Addition
NAME **WASILAK, JOHN S**
STREET ADDRESS **3912 SCARBOROUGH COURT**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **ST** Delete
NAME **OWENS, JACK E**
STREET ADDRESS **2731 SILVER STAR ROAD**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **G.S./VP** Change Addition
NAME **WASILAK, DIANNE M**
STREET ADDRESS **3912 SCARBOROUGH COURT**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 **352-243-1186**
Date Daytime Phone #

CF2E034 (10/02)