## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURÉ

## **FILED** DOCUMENT # **P94000028613** May 05, 2000 8:00 am 1. Entity Name **Secretary of State** PINETREE MEDICAL, INC. 05-05-2000 90046 041 \*\*\*150.00 Principal Place of Business Mailing Address 2000-1 HENDRICKS AVE 1327 PINETREE RD JACKSONVILLE FL 32207 **STE 29** JACKSONVILLE FL 32207 3. Mailing Address 2. Principal Place of Business Pinetree Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3239972 acksonville Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Duval Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KULKA, STEPHEN P Street Address (P.O. Box Number is Not Acceptable) 1327 PINETREE RD JACKSONVILLE FL 32207 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, PD TITLE ☐ Addition Delete TITLE KULKA, STEPHEN P NAME NAME STREET ADDRESS STREET ADDRESS 1327 PINETREE RD CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL ☐ Change ☐ Addition VTSD ☐ Delete TITLE KULKA, LINDA T NAME NAME 1327 PINETREE RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition ☐ Change Delete TITLE TITLE NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 12 in changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR