2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or t

changed, or on an attachment with

SIGNATURE:

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # P97000044046 1. Entity Name 03-25-2002 90008 020 ***150.00 SPECIALTY MED, INC. Principal Place of Business Mailing Address 3608 JAFFA DR 360B JAFFA DR SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1708088 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICARD, ROBERT T Street Address (P.O. Box Number is Not Acceptable) 3608 JAFFA DR SARASOTA FL 34239 City Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition TITLE TITLE PICARD, ROBERT T NAME NAME STREET ADDRESS 3608 JAFFA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP fly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sup indicated on this report or supplementations. not

report

T. Picard 9

FILED