2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90073 038 ***150.00

DOCUMENT # P96000088140

1. Entity Name
ANALYZER MEDICAL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1575 AVIATION CENTER PKWY.. SUITE 406 DAYTONA BEACH FL 32114 US	1575 AVIATION CENTER PKWY.. SUITE 406 DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 369. BILL FRANCE BLVD.	Suite, Apt. #, etc. 369. BILL FRANCE BLVD.
City & State DAYTONA BEACH. FL.	City & State DAYTONA BEACH. FL
Zip 32114 Country USA	Zip 32114 Country USA

4. FEI Number 59-3446975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDGARD, G. CURTIS
1575 AVIATION CENTER PKWY., SUITE 406
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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] 04-03-01
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIDGARD, G. CURTIS P.O. BOX 10679 DAYTONA BEACH FL 32120 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O AZIZ, LAIKHUNNISA 1400 S. NOVA RD., #342 DAYTONA BEACH FL 32114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] (LAIKHA AZIZ) 4/3/01 904-258-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)