

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90026 011 ***158.75

DOCUMENT # F02000001467

1. Entity Name

SEMPERMED USA, INC.



Principal Place of Business

30798 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

30798 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

2. Principal Place of Business

13900 49th St. N.

3. Mailing Address

13900 49th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

33762

Country

USA

Zip

33762

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3605750

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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, 2004 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

TITLE P ☐ Delete
NAME HARRIS, WILLIAM E III
STREET ADDRESS 30798 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VS ☐ Delete
NAME EYE, BRIAN K
STREET ADDRESS 30798 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME SINCHAROENKUL, VIYAVOOD-DR.
STREET ADDRESS 10 SOI 10 PHETKASEM ROAD
CITY-ST-ZIP HATYAI, SONGIKHLA, THAILAND

TITLE D ☐ Delete
NAME SINCHAROENKUL, PROMSUK
STREET ADDRESS 10 SOI 10 PHETKASEM ROAD
CITY-ST-ZIP HATYAI, SONGIKHLA, THAILAND

TITLE D ☐ Delete
NAME SINCHAROENKUL, KITTICHA
STREET ADDRESS 42/2 SUTHISARN KUA KWANG
CITY-ST-ZIP BANGKOK, THAILAND

TITLE D ☐ Delete
NAME CHERDKIATGUMCHAI, POONSUK
STREET ADDRESS 42/2 SUTHISARN KUA KWANG
CITY-ST-ZIP BANGKOK, THAILAND

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13900 49th St. N.
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13900 49th St. N.
CITY-ST-ZIP CLEARWATER, FL 33762

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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:

Brian K. Eye - BRIAN K. EYE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04
Date

722-787-7250
Daytime Phone #