

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90049 013 ***158.75

DOCUMENT # F02000001467			
1. Entity Name SEMPERMED USA, INC.			
Principal Place of Business 13900 49TH ST N CLEARWATER FL 33762		Mailing Address 13900 49TH ST N CLEARWATER FL 33762	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3605750		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/04)

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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, 2005 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. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, WILLIAM E III	NAME	
STREET ADDRESS	13900 49TH ST N	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EYE, BRIAN K	NAME	
STREET ADDRESS	13900 49TH ST N	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCHAROENKUL, VIYAVOOD DR.	NAME	
STREET ADDRESS	10 SOI 10 PHETKASEM ROAD	STREET ADDRESS	
CITY-ST-ZIP	HATYAI, SONGIKHLA, THAILAND	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCHAROENKUL, PROMSUK	NAME	
STREET ADDRESS	10 SOI 10 PHETKASEM ROAD	STREET ADDRESS	
CITY-ST-ZIP	HATYAI, SONGIKHLA, THAILAND	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCHAROENKUL, KITTICHA	NAME	
STREET ADDRESS	42/2 SUTHISARN KUA KWANG	STREET ADDRESS	
CITY-ST-ZIP	BANGKOK, THAILAND	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERDKIATGUMCHAI, POONSUK	NAME	
STREET ADDRESS	42/2 SUTHISARN KUA KWANG	STREET ADDRESS	
CITY-ST-ZIP	BANGKOK, THAILAND	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

727-787-7250

Date

Daytime Phone #

ATTACHMENT
ATTACHMENT - QUESTION #10
SEMPERMUS USA, INC.
DIRECTORS

40039911

F02000001467

<u>Name</u>	<u>Address</u>
Dr. Viyavood SINCHAROENKUL	10 Soi 10 Phetkasem Rd. Hatyai, Songkhla 90110 Thailand
Ms. Promsuk SINCHAROENKUL	10 Soi 10 Phetkasem Rd. Hatyai, Songkhla 90110 Thailand
Mr. Kittichai SINCHAROENKUL	43/2 Suthisarn Kua Kwang Bangkok, Thailand
Ms. Poonsuk CHERDKLATGUMCHAI	B10 Soi 10 Phetkasem Rd. Hatyai, Songkhla 90110 Thailand
Dipl. Ing. Rainer Zellner	Deissenhofergasse 7 1230 Vienna, Austria
Dkfm. Gerhard Jirovsky	Badgasse 15 2326 Maria Lanzendorf Austria
Dr. Gerhard Klingenbrunner	Josef-Schöffelgasse 53 3400 Klosterneuburg Austria
Dipl. Ing. Richard Ehrenfeldner	Semperitstrasse 5/2 2630 Ternitz, Austria