

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90464 005 ***150.00

DOCUMENT # F85782

1. Entity Name
GULFSTREAM MEDICAL, INC.

Principal Place of Business
**1822 OLD OKEECHOBEE RD.
 SUITE B
 WEST PALM BEACH FL 33409**

Mailing Address
**1822 OLD OKEECHOBEE RD.
 SUITE B
 WEST PALM BEACH FL 33409**

00050045



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5335 Center St

3. Mailing Address
5335 Center St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jupiter, FL

City & State
Jupiter, FL

4. FEI Number **59-2200457**

Applied For

Not Applicable

Zip **33458** Country **USA**

Zip **33458** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, DANIEL F
 1822 OLD OKEECHOBEE RD.
 SUITE B
 WEST PALM BEACH FL 33409**

Name

Street Address (P.O. Box Number is Not Acceptable)

5335 Center St

City

Jupiter

FL

Zip Code

33458

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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
PD
 NAME
FREEMAN, DANIEL F
 STREET ADDRESS
1822 OLD OKEECHOBEE RD., SUITE B
 CITY-ST-ZIP
WEST PALM BEACH FL 33409

☐ Delete

TITLE
 NAME
 STREET ADDRESS
5335 Center St
 CITY-ST-ZIP
Jupiter, FL 33458

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

561 745-4003

561 308-0634

Daytime Phone #

CR2E034 (10/00)