

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006222

1. Entity Name

~~AN-CON GENETICS, INC.~~ *Bovie Medical Corporation*

Principal Place of Business

7100 30TH AVENUE NORTH  
ST. PETERSBURG FL 33710-2902

Mailing Address

7100 30TH AVENUE NORTH  
ST. PETERSBURG FL 33710-2902

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

11-2644611

Applied For

Not Applicable

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

MACLAREN, STEVE

7100 30TH AVENUE NORTH

ST. PETERSBURG FL 33710-2902

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, 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
STREET ADDRESS MAKRIDES, ANDREW  
CITY-ST-ZIP 7100 30TH AVENUE N  
ST. PETERSBURG FL 33710-2902 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS SARON, J. ROBERT  
CITY-ST-ZIP 9807 ASHLEY DRIVE  
SEMINOLE FL 34642 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ST  
STREET ADDRESS CUNNINGHAM, DELTON N  
CITY-ST-ZIP 7500 NORMANDY CT  
SEMINOLE FL 34642 ☒ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS BLAKELY, KEITH A  
CITY-ST-ZIP 699 HERTEL AVENUE  
BUFFALO NY 14207 ☒ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS KROMER, GEORGE  
CITY-ST-ZIP 7100 30TH AVE N  
ST PETERSBURG FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS *Alfred Greco*  
CITY-ST-ZIP *7100 30th Ave. N.*  
*St. Petersburg, FL.* ☐ Delete

TITLE  
NAME D  
STREET ADDRESS *Alfred Greco*  
CITY-ST-ZIP *7100 30th Ave. N.*  
*St. Petersburg, FL.* ☒ 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 all other like empowered.

SIGNATURE:

*Alfred Greco*  
Secretary/Controller

9/1/01

(727) 384-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0090468 AV

CR2E034 (5/01)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90055 042 \*\*\*550.00



DO NOT WRITE IN THIS SPACE