

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001376

1. Entity Name  
VECTOR MEDICAL, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90016 010 \*\*\*550.00

Principal Place of Business

323 STANFORD AVENUE  
PALO ALTO CA 94304

Mailing Address

323 STANFORD AVENUE  
PALO ALTO CA 94304

2. Principal Place of Business

335 LOWELL AVE

3. Mailing Address

335 LOWELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALO ALTO, CA

City & State

PALO ALTO, CA

4. FEI Number

APPLIED FOR

59-3564171

Applied For

Not Applicable

Zip 94301

Country

Zip

94301

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIT 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.

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 13, 2000 Min. 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

TITLE  
NAME PD  
HOLLIS, J M  
STREET ADDRESS 1886 LODGE POLE DRIVE  
CITY-ST-ZIP MILTON FL ☐ Delete

TITLE  
NAME S  
MCGLYNN, J C  
STREET ADDRESS 650 PAGE MILL RD  
CITY-ST-ZIP PALO ALTO CA ☐ Delete

TITLE  
NAME TD  
LYNN, PATRICK  
STREET ADDRESS 7072 MARTWOOD WAY  
CITY-ST-ZIP SAN JOSE CA ☐ Delete

TITLE  
NAME CD  
MCGURK, ERIN  
STREET ADDRESS 323 STANFORD AVENUE  
CITY-ST-ZIP PALO ALTO CA ☐ Delete

TITLE  
NAME D  
DIECK, RONALD  
STREET ADDRESS 323 STANFORD AVENUE  
CITY-ST-ZIP PALO ALTO CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
NAME  
STREET ADDRESS 335 LOWELL AVE  
CITY-ST-ZIP PALO ALTO, CA 94301 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 335 LOWELL AVE  
CITY-ST-ZIP PALO ALTO, CA 94301 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

*Patrick G. Lynn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00  
Date

650-327-7719  
Daytime Phone #

CR2E034 (5/00)