

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F99000002474

1. Entity Name

AVID - N.I.T., INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG -6 AM 11:59

Principal Place of Business

9000 WESTMONT DRIVE
STONEHOUSE COMMERCE HOUSE
TOANA VA 23168

Mailing Address

35111 US HWY 19 NORTH
STE. 207
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

9000 Westmont Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Toano VA

Zip

Country

Zip

Country

23168

USA



MOORE

CR2E034 (11/03)

4. FEI Number

54-1917176

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
SAHADY, MICHAEL
9000 WESTMONT DR., STONEHOUSE COMMERCE PK
TOANA VA 23168 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MARKLE, G. DONALD
4010 UNIVERSITY DRIVE, SUITE 200
FAIRFAX VA 22030 ☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



The custom procedure tray company

242

July 27, 2004

Division of Corporations
Annual Report Section
PO Box 6327
Tallahassee, FL 32314

RE: 2004 Annual Report F99000002474

To Whom It May Concern:

Please find attached a copy of our Annual Report for 2004. This report was submitted on March 3, 2004. It was sent back to the Palm Harbor, Florida address. That address no longer exists; therefore we did not receive the correspondence regarding the incorrect filing of the report.

We kindly request The Florida Department of State to abate the \$400 late fee. Our filing of the report and annual fee of \$150.00 was submitted timely.

Regards,

Dawn Cauble CPA

Dawn Cauble, CPA
Controller
AVID Medical, Inc.