

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

101

DOCUMENT # F99000002474 1. Entity Name AVID - N.I.T., INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9000 Westmont Dr Suite, Apt. #, etc.
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4. FEI Number **54-1917176** Applied For
 Not Applicable

City & State Toano VA	City & State Toano VA	
Zip 23168	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____
 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 _____ (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		<input type="checkbox"/> Delete
TITLE	CP	
NAME	SAHADY, MICHAEL	<input type="checkbox"/>
STREET ADDRESS	9000 WESTMONT DR., STONEHOUSE COMMERCE PK	
CITY-ST-ZIP	TOANA VA 23168	
TITLE	S	<input type="checkbox"/>
NAME	MARKLE, G. DONALD	
STREET ADDRESS	4010 UNIVERSITY DRIVE, SUITE 200	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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AVID MEDICAL

The custom procedure tray company

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.