

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 022 ***150.00

DOCUMENT # F99000002711

1. Entity Name
AVID MEDICAL, INC.



Principal Place of Business
**9000 WESTMONT DR.
STONEHOUSE COMMERCE PARK
TOANA VA 23168**

Mailing Address
**9000 WESTMONT DR.
STONEHOUSE COMMERCE PARK
TOANA VA 23168**

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 **54-1843496**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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, 2003 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **SAHADY, MICHAEL**
CITY-ST-ZIP **9000 WESTMONT DRIVE
TOANA VA**

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

TITLE ☐ Delete
NAME **VASD**
STREET ADDRESS **SETIAN, RICHARD**
CITY-ST-ZIP **9000 WESTMONT DRIVE
TOANA VA**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MARKLE, G D**
CITY-ST-ZIP **4010 UNIVERSITY DR., STE 200
FAIRFAX VA**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOMBARDI, PAUL V**
CITY-ST-ZIP **2600 PENNY ROYAL LANE
RESTON VA**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HARMS, JOSEPH**
CITY-ST-ZIP **390 SCARLET BLVD
OLDSMAR FL**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Scott Ramer**
CITY-ST-ZIP **9000 Westmont Dr
Toana, Va 23168**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NEWSOME, KENNETH R**
CITY-ST-ZIP **2115 WEST LABURNUM AVENUE
RICHMOND VA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED Scott Ramer 1-30-03 757 566 3510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #