

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003664

1. Entity Name

HEMOTHERAPIES INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90035 048 ***150.00

Principal Place of Business

Mailing Address

11975 EL CAMINO REAL #104
SAN DIEGO CA 92130

11975 EL CAMINO REAL #104
SAN DIEGO CA 92130-2541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3441468

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
STREET ADDRESS
CITY-ST-ZIP
PCEO
MAZEPINK, DAVID
11975 EL CAMINO REAL #104
SAN DIEGO CA 92130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREGG, TERRENCE
MINIMED, 12744 SAN FERNANDO ROAD
SYLMAR, CA 91342 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOS
NICOL, WM. J
11975 EL CAMINO REAL #104
SAN DIEGO CA 92130 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP/CFO/T
MILLER, RODNEY S.
11975 EL CAMINO REAL #104
SAN DIEGO, CA 92130 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
LECK, GARY
11975 EL CAMINO REAL #104
SAN DIEGO CA 92130 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHUSTA, ANTONIA
251 CRANDON BOULEVARD #160
KEY BISCAYNE, FL 33149 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MENARD, ANDREW
11975 EL CAMINO REAL #104
SAN DIEGO CA 92130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP/S/D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALSTEAD, THOMAS
11975 EL CAMINO REAL #104
SAN DIEGO CA 92130 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAPPAJOHN, JOHN
11975 EL CAMINO REAL #104
SAN DIEGO CA 92130 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rodney Miller

4/24/00

858/720-2266