

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005947

1. Entity Name

PMC MEDICAL SYSTEMS INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90096 018 ***150.00

Principal Place of Business

Mailing Address

2000 PALM BCH LAKES BLVD., #777
WEST PALM BEACH FL 33409

2000 PALM BCH LAKES BLVD., #777
WEST PALM BEACH FL 33409-6511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0942521

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

GUEST, CHARLENE
2000 PALM BCH LAKES BLVD., #777
WEST PALM BEACH FL 33409

Name

CLAUDIA CAPLAN

Street Address (P.O. Box Number is Not Acceptable)

2000 PALM BEACH LAKES BLVD., #777

City

WEST PALM BEACH

FL

Zip Code

33409

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

CLAUDIA CAPLAN

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/2000

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	AINSLEY, ALAN	2000 PALM BCH LAKES BLVD., #777	WEST PALM BEACH FL 33409	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VS	CAPLAN, CLAUDIA	2000 PALM BCH LAKES BLVD., #777	WEST PALM BEACH FL 33409	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

ALAN AINSLEY, PRES. 04/28/2000 561-683-5111

Date

Daytime Phone #

CR2E034 (9/99)