

2004 FOR PROFIT CORPORATION

DOCUMENT # H54696

1. ALIMED LABORATORY, INC.



FILED

Apr 07, 2004 08:00 AM
Secretary of State



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. 59-2535278 Not Applicable

5. ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVALIERE, SUSAN
2817 NE 37TH STREET
FT. LAUDERDALE, FL 33308

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IN THIS SPACE**

8. _____ in the State of Florida I am familiar with and accept

9.

☐ \$5.00 May Be Added to Fees

000000105938
04/07/04-80046-007 750.00

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
CAVALIERE, SUSAN
2817 NE 37TH STREET
FT. LAUDERDALE, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Susan Cavaliere

4/4/2004