

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90018 029 \*\*\*150.00

**602122**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # K56643**

1. Entity Name  
**KALT MEDICAL CORPORATION**

Principal Place of Business 800 PARK DR EAST BOCA RATON FL 33432 US	Mailing Address 800 PARK DR EAST BOCA RATON FL 33432-5126 US
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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 <b>65-0102427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**WALSER, THOMAS C.**  
**7015 BERACASA WAY**  
**STE 201**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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	
TITLE NAME DP KALT, GLENDA 800 PARK DR EAST BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME DTS PEARCE, PERRY 22082 MONTOYA DR BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME D YATES, RONALD S. 5030 CHAMPION BLVD. BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME DP KALT, GLENDA 800 PARK DR EAST BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME D WALSER, THOMAS C 7015 BERACASA WAY, SUITE #204 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: Glenda Kalt Date: 1/8/00 Daytime Phone #: 561-391-8569

CR2E034 (9/99)