

10/2

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000001471

1: Entity Name

**Polymer Partners, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG 13 PM 2:24

Wes/13

**DO NOT WRITE IN THIS SPACE**

2: Principal Place of Business

**2204 S. Exmoor Street**

Suite, Apt. #, etc.

**n/a**

3: Mailing Address

**2204 S. Exmoor Street**

Suite, Apt. #, etc.

**n/a**

DO NOT WRITE IN THIS SPACE

City & State

**Tampa, Florida**

City & State

**Tampa, Florida**

4: FEI Number

**593625767**

Applied For

Not Applicable

Zip

**33629**

Country

**USA**

Zip

**33629**

Country

**USA**

5: Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7: Name and Address of Current Registered Agent

Name

**Errol J. Menke**

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

**2204 S. Exmoor Street**

City

**Tampa,**

**FL**

Zip Code

**33629**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9: MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Manager  
Errol J. Menke  
2204 S. Exmoor Street  
Tampa, Florida 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**700007075247**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Manager  
John J. Kaziow  
2720 Chandon Place  
Alpharetta, Georgia 30022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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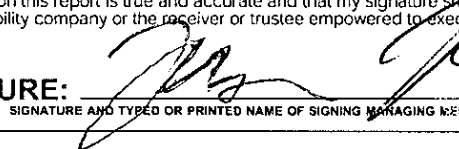
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11: 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



**John J. Kaziow, Manager**

**8/12/2002**

**(770) 640-8246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 702508 4342718

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 55.00 ..

ORDER DATE : August 13, 2002

ORDER TIME : 10:07 AM

ORDER NO. : 702508-005

CUSTOMER NO: 4342718

CUSTOMER: Ms. Alina Arencibia  
Glenn Rasmussen & Fogarty  
Suite 1300  
100 South Ashley Drive  
Tampa, FL 33602

ANNUAL REPORT FILING

NAME: POLYMER PARTNERS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS:

RECEIVED  
02 AUG 13 AM 10:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG 13 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-02432

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 00000010927			
<b>1. Corporation Name</b> Medi-tech Medical Center Inc.			
<b>2. Principal Office Address</b> 5870 SW 8 ST Suite, Apt. #, etc. # 8 City & State Miami FLORIDA Zip 33144 Country USA		<b>3. Mailing Office Address</b> 5870 SW 8 ST Suite, Apt. #, etc. # 8 City & State Miami FLORIDA Zip 33144 Country U.S.A.	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 65-0981154	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name OSCAR LESANO		
Street Address (P.O. Box Number is Not Acceptable) 13512 SW 9 LANE		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33184

<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>	
Signature of Registered Agent OSCAR LESANO	Date 08/08/02
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	OSCAR LESANO	13512 SW 9 LANE	Miami FL 33184

<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>	
<b>SIGNATURE:</b> OSCAR LESANO	08/08/02 (305) 265-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

js 8/13/02

CR2E081 (8/01)

August 8, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

600007108346--7  
-08/14/02--01045--007  
\*\*\*\*300.00 \*\*\*\*300.00

Re: Request to waive penalty fee of unpaid corporation annual filing fee

To Whom It May Concern:

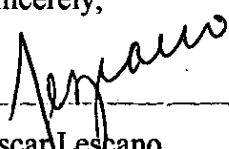
Please accept this letter as a formal request to waive the penalty fee normally imposed for non-payment of the corporation's annual filing fee.

Due to having not received uniform business reports or the notice to file the corporation for the last year I was unable to send the appropriate fee. I recently found out the mailing address noted on your records was an old home address. I believed that all corporation documents, reports, and notices would automatically be sent to the corporation's address. I apologize for any delay and inconvenience this may have caused and would request that all pertinent mailings be sent to the corporation's address listed below.

After speaking with Michelle, and another one of your employees, she advised the following which is enclosed along with this letter: a corporation reinstatement form which was downloaded from your website and \$300.00 check made out to the Department of State.

Thank you for your immediate attention to this matter and, once again, pardon any inconvenience.

Sincerely,

  
Oscar Lescano  
President, Medi-Tech Medical Center, Inc.  
5870 S.W. 8<sup>th</sup> Street  
Miami, FL 33144  
305-265-1900

Home Address:  
13512 S.W. 9<sup>th</sup> Lane  
Miami, FL 33184  
305-227-1403