

UNIFORM BUSINESS REPORT (UBR)

ENT # L00000002379

1. Entity Name

INTERNET MEDICAL DEVICES, LLC

FILED

01 APR 23 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1634 MAIN STREET
SARASOTA FL 34236

Mailing Address

1634 MAIN STREET
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

PO Box 3319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Zip

Country

Zip

Country

34236

4. FEI Number

65-0997765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMRIEN, JOHN R
1634 MAIN ST.
SARASOTA FL 34236

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

Managing member
John Amrien
1634 Main St
Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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*****50.00 *****50.00

TITLE
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☐ Change ☐ Addition

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:

(Signature)

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

Date

Daytime Phone #

CR2E083 (11/00)