

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90075 023 ***150.00

DOCUMENT # L30005

1. Entity Name
KPM MEDICAL, INC.



Principal Place of Business
**17752 GRANDE BAYOU CT
FT MYERS FL 33908**

Mailing Address
**17752 GRANDE BAYOU CT
FT MYERS FL 33908**



2. Principal Place of Business
5781 REIMS PL
Suite, Apt. #, etc.

3. Mailing Address
5781 REIMS PL
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FTMYERS, FL

City & State
FT-MYERS FL

4. FEI Number **65-0156523**

Applied For
☐ Not Applicable

Zip **33919** Country **USA**

Zip **33919** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MEISER, KENNETH D.
17752 GRANDE BAYOU CT
FT MYERS FL 33908
5781 REIMS PL
FT MYERS, FL 33919

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kenneth D Meiser*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PDC**
STREET ADDRESS **MEISER, KENNETH D.**
CITY-ST-ZIP **17752 GRANDE BAYOU CT- 5781 REIMS PL**
FORT MYERS FL 33908- 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth D Meiser*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2003 **454-8290**
Date Daytime Phone #

CR2E034 (10/02)