

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L45666

1. Entity Name
WITT BIOMEDICAL CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90049 008 ***150.00

Principal Place of Business Mailing Address
~~C/O PATRICK F. HEALY~~
~~700 S. BABCOCK ST. SUITE 400~~
~~MELBOURNE FL 32901-1472~~
~~C/O PATRICK F. HEALY~~
~~700 S. BABCOCK ST. SUITE 400~~
~~MELBOURNE FL 32901-1472~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
295 North Drive *295 North Drive*
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite H *Suite H*
City & State City & State
Melbourne, Florida *Melbourne, Florida*
32934 *FLORIDA* *32934* *FLORIDA*

4. FEI Number **59-3105799** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HEALY, PATRICK F.
700 S. BABCOCK ST. SUITE 400
MELBOURNE FL 32902

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.

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITT, TERENCE R		NAME		
STREET ADDRESS	2900 RIVERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		CITY-ST-ZIP		
TITLE	VM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DICKENS, VIRGINIA A		NAME		
STREET ADDRESS	2900 RIVERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITT, DONNA J		NAME		
STREET ADDRESS	2555 WRIGHT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 *Donna J. Witt* *2/22/00* *321/258-5693*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)