

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006301

1. Entity Name

PELVIC MODULATION SOCIETY, INC.

FILED

May 05, 2002 8:00 am
Secretary of State

05-05-2002 90225 030 ****61.25

Principal Place of Business

Mailing Address

MAYO CLINIC JACKSONVILLE
4500 SAN PABLO RD
JACKSONVILLE FL 32244

MAYO CLINIC JACKSONVILLE
4500 SAN PABLO RD
JACKSONVILLE FL 32244

2. Principal Place of Business

c/o Matrix Meetings, Inc.

3. Mailing Address

c/o Matrix Meetings, Inc.

Suite, Apt. #, etc.

PO Box 1026

Suite, Apt. #, etc.

PO Box 1026

City & State

Rochester, MN

City & State

Rochester, MN

Zip

55903-1026

Country

USA

Zip

55903-1026

Country

USA

4. FEI Number

41-2019600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTLING, DALE G SR
331 E UNION ST
JACKSONVILLE FL 32202

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, RICHARD 12136 W 7TH LANE ARVEDA CO 80005	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERREBROECK, PHILIP V UNIVERSITY HOSPITAL-P O BOX 5800 MAASTRICHT, NETHLDS AZ06202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEGEL, STEVEN 280 N SMITH AVE, SUITE 658 ST PAUL MN 55102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETTIT, PAUL 4500 SAN PABLO RD JACKSONVILLE FL 32244	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kerrebroeck, Philip V University Hospital PO Box 5800 Maastricht, Nethlds AZ06202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Siegel, Steven 280 N Smith Ave, Suite 658 St. Paul, MN 55102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pettit, Paul 4500 San Pablo Rd Jacksonville, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hassouna, Magdy 399 Bathurst St. 8th Fl Toronto, ON M5T 2S8 Canada	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02 9049532000

CR2E037 (9/01)