

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90244 023 ****61.25

DOCUMENT # N01992

1. Entity Name
ABC BIOMEDICAL FOUNDATION, INC.



Principal Place of Business
**8158 PALM HARBOR WAY
ORLANDO FL 32822
US**

Mailing Address
**8158 PALM HARBOR WAY
ORLANDO FL 32822
US**

1006060



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WURTZ, MARILYN
8158 PALM HARBOR WAY
ORLANDO FL 32822**

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TORCIMA, PETER J.	
STREET ADDRESS	3615 CASTAWAY COURT	
CITY-ST-ZIP	CHAMBLEE GA 35431	
TITLE	PVC	<input type="checkbox"/> Delete
NAME	LAVENDER, EDITH AMBROSE	
STREET ADDRESS	224 SANDCASTLE WAY	
CITY-ST-ZIP	ST SIMON ISLE GA 31522	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKES, DIANNE A	
STREET ADDRESS	607 E. 54TH STREET	
CITY-ST-ZIP	SAVANNAH GA 31405	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKES, JAMES O	
STREET ADDRESS	607 E. 54TH STREET	
CITY-ST-ZIP	SAVANNAH GA 31405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Edith Lavender* **REQUIRED Edith Lavender 2/11/2003 912-638-6311**

CR2E037 (10/02)