

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22543

1. Entity Name

FLORIDA SOCIETY FOR MEDICAL TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 20494
SARASOTA FL 34276-4494
US

P.O. BOX 20494
SARASOTA FL 34276-3494
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOKES, DIANNE
3951 TORREY PINES BLVD
SARASOTA FL 34238

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 ☐ Delete
NAME D
STREET ADDRESS PUTNAM, ALICE
CITY-ST-ZIP 4287 ELKCAM BLVD., S.E.
ST PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME T
STREET ADDRESS ABBEY, SANDRA L
CITY-ST-ZIP 8299 139TH ST NO
SEMINOLE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS REBELLO, JOHN D
CITY-ST-ZIP 5701 SW 8 ST.
PLANTATION FL 33317

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

TITLE ☒ Delete
NAME P
STREET ADDRESS UPTON, KATHRYN
CITY-ST-ZIP 420 W PERRY ST
ENGLEWOOD FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SUSAN Ketiles
CITY-ST-ZIP 9167 79 Ave. No
LARGO FL 33777

TITLE ☒ Delete
NAME D
STREET ADDRESS LIMA, JEANNE
CITY-ST-ZIP 3620 BLACK HAWK DR
NEW PT RICHEY FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS HARKEE Heider
CITY-ST-ZIP 4524 NARRAGANSETT TRAIL
SARASOTA FL 34223

TITLE ☐ Delete
NAME S
STREET ADDRESS KORDA, GINA STEWART
CITY-ST-ZIP 4401 BUCHANAN ST
HOLLYWOOD FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90089 027 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2350350
Applied For ☒ Not Applicable

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