

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N22543**

1. Entity Name

FLORIDA SOCIETY FOR MEDICAL TECHNOLOGY, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90210 010 *****61.25

0077027

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2350350

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

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 \$61.259. 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 **D** ☐ Delete
NAME **PUTNAM, ALICE**
STREET ADDRESS **4287 ELKCAM BLVD., S.E.**
CITY-ST-ZIP **ST PETERSBURG FL 33705**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **ABBEY, SANDRA**
STREET ADDRESS **8299 139TH ST NO**
CITY-ST-ZIP **SEMINOLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **REBELLO, JOHN**
STREET ADDRESS **5701 SW 8 ST.**
CITY-ST-ZIP **PLANTATION FL 33317**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KETTLES, SUSAN**
STREET ADDRESS **9167 79 AV N**
CITY-ST-ZIP **LARGO FL 33777**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HEIDER, HARILEE**
STREET ADDRESS **4524 NARRAGANSETT TRL**
CITY-ST-ZIP **SARASOTA FL 34223**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **KORDA, GINA STEWART**
STREET ADDRESS **4401 BUCHANAN ST**
CITY-ST-ZIP **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: *Sandra Abbey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA ABBEY

Date

4-16-01

Daytime Phone #

727 392 1187

CR2E037 (10/00)