

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002090

1. Entity Name

BIO-MECHANICAL RESEARCH & INTEGRATED HEALTH FOUN

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

05-24-2000 90075 043 ****61.25

Principal Place of Business

Mailing Address

C/O DR. MANI DAS, D.V.M.
MICANOPY ANIMAL HOSPITAL, RT. 2
MICANOPY FL 32667

C/O DR. MANI DAS, D.V.M.
MICANOPY ANIMAL HOSPITAL, RT. 2
MICANOPY FL 32667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

LAPOLLA, MARY CAMPILII DC, DR.
C/O DR. MANI DAS, D.V.M.
MICANOPY ANIMAL HOSPITAL, RT. 2
MICANOPY FL 32667

Name **DR. HIMANI DAS, D.V.M.**
Street Address (P.O. Box Number is Not Acceptable)
MICANOPY ANIMAL HOSPITAL
306 NE Hwy 441
City **MICANOPY** FL Zip Code **32667**

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 **D** ☐ Delete
NAME **LAPOLLA, MARY CAMPILII DR**
STREET ADDRESS **740 LAINTOWN ROAD**
CITY-ST-ZIP **MILTON NY 12547**

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

TITLE **D** ☐ Delete
NAME **DAS, MANI DR**
STREET ADDRESS **MICANOPY ANIMAL HOSPITAL, RT. 2**
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE ☒ Change ☐ Addition
NAME **DAS, MANI D.V.M.**
STREET ADDRESS **MICANOPY ANIMAL HOSPITAL**
CITY-ST-ZIP **306 NE Hwy 441 MICANOPY FL 32667**

TITLE **D** ☐ Delete
NAME **LORD, PETER F**
STREET ADDRESS **ULSTER SCIENTIFIC CORP.**
CITY-ST-ZIP **NEW PALZ NY 12561**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Campilli Lapolla, D.C. Mary C. Lapolla 4/31/2000 (914) 795-5550

CR2E137 (9/99)