

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90154 025 \*\*\*150.00

**DOCUMENT # P00000016836**

1. Entity Name

**ZYGOTE MEDICAL SYSTEMS, INC.**

Principal Place of Business

267 75TH AVENUE  
 ST. PETERSBURG FL 33706

Mailing Address

267 75TH AVENUE  
 ST. PETERSBURG FL 33706

2. Principal Place of Business

433 HAVEN POINT DR.

3. Mailing Address

6872 15th Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TREASURE ISLAND FL

City & State

ST. PETERSBURG FL

Zip

33706

Country

PINELLAS

Zip

33710

Country

4. FEI Number

58-3627786

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

MANZINI, ANDREW O  
 433 HAVEN POINT DRIVE  
 TREASURE ISLAND FL 33706

Name

MICHELLE M. SPERLING

Street Address (P.O. Box Number is Not Acceptable)

6872 15th Avenue North

City

ST. PETERSBURG

FL

Zip Code

33710

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME MICHELLE M. SPERLING ☐ Delete  
 PRESIDENT  
 STREET ADDRESS 6872 15th Avenue North  
 CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE  
 NAME MICHELLE M. SPERLING ☐ Change ☒ Addition  
 PRESIDENT  
 STREET ADDRESS 6872 15th Ave. North  
 CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ANDREW O. MANZINI ☐ Change ☒ Addition  
 V.P.  
 STREET ADDRESS 433 HAVEN POINT DRIVE  
 CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

4-30-2001 727-363-6624

CR2E034 (10/00)