2001 UNIFORM BUSINESS REPORT (UBR)

2001	1 UNI	FORM BUSI	NESS REPO	RT (UBR)	FILED
DOCU		# P0000	0018023		Jul 10, 2001 8:00 am Secretary of State
1. Entity Name CHIROVISTA MEDICAL, INC.					07-10-2001 90130 031 ***150.00
Suite, Apt.	Place of Busin W. Fed #, etc.	425 N Federal 1 Hollywood, FL 33160 23020 Hess Leval Huy	Mailing Address #908 NORTH MIAMI BEACH FL 3. Mailing Address Chirouista Suite, Apt. #, etc. 425	33160 33	DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1051177 Applied For Not Applicable
Zip		Country	Zip 33020	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
GUITIAN, MARIA A ESQ. 330 S.W. 27TH AVENUE SUITE 502				Name Street Addre	ess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida.
SIGNATURE Carlos Hinojosa President Signature, hybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature Aquired User reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.					
11.	T	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 174TI	A, CARLOS G I STREET IAMI BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 174TI	A, CARLOS G H STREET IAMI_BEACH_FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP	☐ Change ☐ Addition
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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.					

AHachmant

Date: July 5, 2001

To: Florida Department of state Division of Corporations

From: Carlos G. Hinojosa-- Representing Chirovista Medical Inc.

Subject: Change of Address and letter of Waiver as requested by Miss Marquitta at 850-245-6059 ext.2

Dear Department:

Last year this corporation was filed knowing that some time in the future I would open a business. We were able to fully open in May of this year. I believe that this problem occurred because the address is wrong and as I understand after talking with steve and Marquitta, the original form may have been sent but was never forwarded. I need to change the address on your records and have made the appropriate corrections. Believe me I want to be compliant with everything. So enclosed is my check for \$150.00 as requested by Miss Marquitta along qith my letter also requested by Miss Marquitta titled Waiver.

I thank you in advance, and ask that you please make note of my address change to avoid any future problems with mail not getting to me.

Carlos G. Hinojosa

President CHIROVISTA MEDICAL, INC.

Hew address is

425 N. Federal Hwy

Hollywood, FL.