

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000024397**1. Entity Name
ATLANTECH MEDICAL DEVICES, INC.**Principal Place of Business**C/O ATLAS PEARLMAN, P.A.
350 EAST LAS OLAS BLVD. SUITE 1700
FT LAUDERDALE FL 33301**Mailing Address**C/O ATLAS PEARLMAN, P.A.
350 EAST LAS OLAS BLVD. SUITE 1700
FT LAUDERDALE FL 33301**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

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SCHNEIDER JAMES M
350 EAST LAS OLAS BLVD., SUITE 1700FT LAUDERDALE
33301

US

FL

7. Name and Address of New Registered Agent

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)

05/09/2001

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**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS NICHOLAS	
STREET ADDRESS	ATLANTECH HOUSE, FREEMANS WAY, HARROGATE N	
CITY-ST-ZIP	YORKSHIRE, UK HG5 1DH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MRS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARMAN JENNIFER MMRS	
STREET ADDRESS	ATLANTECH HOUSE, FREEMANS WAY	
CITY-ST-ZIP	HARROGATE, N. YORKSHIRE HG HG3 1DH	
TITLE	MR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAY-YOUNG CLIVE BMR	
STREET ADDRESS	ATLANTECH HOUSE, FREEMANS WAY	
CITY-ST-ZIP	HARROGATE, N. YORKSHIRE HG HG3 1DH	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS NICHOLAS	
STREET ADDRESS	ATLANTECH HOUSE, FREEMANS WAY, HARROGATE N	
CITY-ST-ZIP	YORKSHIRE, UK HG5 1DH HG HG3 1DH	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: JENNIFER GARMAN

MRS

05/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)