

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/23

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90156 036 \*\*\*150.00

DOCUMENT # P00000039127

1. Entity Name  
**INTERNATIONAL SURGICAL-MED PHARMACEUTICALS CORP.**

Principal Place of Business

Mailing Address

8220 N.W. 14TH STREET  
 MIAMI FL 33129

8220 N.W. 14TH STREET  
 MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

**SAME AS ABOVE**

**8220 NW 14 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

4. FEI Number

**65-0999974**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33126**

**USA**

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

**CONTRERAS, MARTHA**  
**15811 S.W. 75 TERR**  
**MIAMI FL 33193**

Name

**SAME AS CURRENT**

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

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 \$530.00**  
**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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CONTRERAS, MARTHA	15811 S.W. 75 TERRACE	MIAMI FL 33193	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
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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.

SIGNATURE: *Marta Contreras*  
 SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

**3-29-01 (205) 597-8878**  
 Date Daytime Phone #

CR2E034 (10/00)