

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0519492 AV

DOCUMENT # P00000064155

1. Entity Name
SMARTMED SOLUTIONS, INC.

02-11-2002 90209 035 ***150.00

Principal Place of Business
3808 N. TAMiami TRAIL
SARASOTA FL 34234

Mailing Address
3808 N. TAMiami TRAIL
SARASOTA FL 34234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1030048

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

VENGROFF, HARVEY
3808 N. TAMiami TRAIL
SARASOTA FL 34234

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) 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, 2002 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
 STREET ADDRESS
 CITY-ST-ZIP
CD
VENGROFF, HARVEY
3808 N TAMiami TR
SARASOTA FL 34234

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
COB

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DD
WILLIAMS, ROBERT
3808 N TAMiami TR
SARASOTA FL 34234

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CEO - CFO

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
VENGROFF, MARK
2100 MAIN ST STE 250
HUNTINGTON BEACH CA 93648

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
President

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
VENGROFF, JOEL
777 LARKFIELD RD
COMMACK NY 11725

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Vice President

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
VENGROFF, KRISTY
777 LARKFIELD RD
COMMACK NY 11725

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/2002 10:01:11