

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90230 035 ***150.00

DOCUMENT # P00000075619

1. Entity Name
MARDA MEDICAL, INC.



Principal Place of Business
**4450 NE INDIAN RIVER DR.
JENSEN BCH FL 34951**

Mailing Address
**4450 NE INDIAN RIVER DR.
JENSEN BCH FL 34951**



2. Principal Place of Business

895 NE DIXIE HWY

3. Mailing Address

895 NE DIXIE HWY

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

JENSEN BEACH FLA

City & State

JENSEN BEACH FLA

34957 Country **USA**

34957 Country **USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1042017**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, ANDREW
4450 NE INDIAN RIVER DR.
JENSEN BCH FL 34951

7. Name and Address of New Registered Agent

Name **LEVIN, ANDREW**
Street Address (P.O. Box Number is Not Acceptable)
895 NE DIXIE HWY
SUITE 201
JENSEN BEACH FL 34957

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Andrew M. Levin**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/14/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **LEVIN, ANDREW** ☐ Delete
STREET ADDRESS **4450 NE INDIAN RIVER DR.**
CITY-ST-ZIP **JENSEN BCH FL 34951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **LEVIN, ANDREW**
STREET ADDRESS **895 NE DIXIE HWY SUITE 201**
CITY-ST-ZIP **JENSEN BEACH, FLA 34957**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Andrew M. Levin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03 (772)225-3111
Date Daytime Phone #

CR2E034 (10/02)