

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90115 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000091123	
1. Entry Name PAC MAN MEDICAL, INC.	

Principal Place of Business 3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064	Mailing Address 3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064
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2. Principal Place of Business 3773 N. Federal Hwy	3. Mailing Address 3773 H. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano Beach FL	City & State Pompano Beach FL	4. FEI Number 65-1049016	Applied For ☐ Not Applicable
Zip 33064	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESTES, CYNTHIA 3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME GITTMAN, ALLAN STREET ADDRESS 3773 NORTH FEDERAL HIGHWAY CITY - ST - ZIP POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE STD NAME ESTES, CYNTHIA STREET ADDRESS 3773 NORTH FEDERAL HIGHWAY CITY - ST - ZIP POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 954-2541039
Date Daytime Phone

CR2E034 (10/02)