

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000106770****1. Entity Name**
SAPPHIRE MEDICAL VENTURES, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90265 005 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business**Mailing Address**12052 100 AVE NORTH
SEMINOLE FL 3377212052 100 AVE NORTH
SEMINOLE FL 33772**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**

59-3681456

Applied For

Not-Applicable

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**HARRINGTON, PAUL
12052 100 AVE NORTH
SEMINOLE FL 33772**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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** PTD ☐ Delete
NAME HARRINGTON, PAUL
STREET ADDRESS 12052 100 AVE NORTH
CITY-ST-ZIP SEMINOLE FL 33772**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VSD ☐ Delete
NAME HARRINGTON, LUCILLE
STREET ADDRESS 12052 100 AVE NORTH
CITY-ST-ZIP SEMINOLE FL 33772**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL D. HARRINGTON JR

Date

April 9 2001 (727) 398-4116

Daytime Phone #

CR2E034 (10/00)