## 2002 UNIFORM BUSINESS REPORT (UBR)

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## Jun 13, 2002 8:00 am Secretary of State **DOCUMENT #** P00000109485 05-21-2002 91121 031 \*\*\*150.00 1. Entity Name LYMPHEDEMA MANAGEMENT, INC. Principal Place of Business Mailing Address 35266 11063 AUBURNDALE ST. 11063 AUBURNDALE ST. SPRING HILL FL 34809 SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address 11863 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SAKING City & State City & State 4. FEI Number Applied For Not Applicable =Zip = ---.-\$8.75 Additional 5. Certificate of Status Desired Hernandi Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Nama WOOLETT, BETTE Street Address (P.O. Box Number is Not Acceptable) 11063 AUBURNDALE ST. SPRING HILL: FL 34609 City 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 < FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Prosident (9/01) ☐ Delete TITLE ☐ Addition pette canor markets NAME NAME STREET ADDRESS 11063 AUDOYNEALE CR2E034 STREET ADDRESS CITY-ST-ZIP FL CITY-ST-ZIP SPYING HILL TITLE ☐ Delete TITLE ☐ AdditIon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME. NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFIE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Deleiè TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered. \*\*PCS13eN\*\* 352-\$85-4795

**FILED** 

352-279-1627