

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91191 032 \*\*\*150.00

DOCUMENT # P00000110681

1. Entity Name

Tagon Medical, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1171 Bluffs Cir

3. Mailing Address

1171 Bluffs Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

59-3705346

Applied For

Not Applicable

Zip 33698

Country USA

Zip 33698

Country USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Shawn Fisher

Street Address (P.O. Box Number is Not Acceptable)

1171 Bluffs Cir

City

Dunedin

FL

Zip Code

33698

**DO NOT WRITE  
IN THIS SPACE**

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

Shawn Fisher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D Shawn Fisher	1171 Bluffs Cir	Dunedin, FL 33698
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shawn Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E034B (12/01)