FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90576 049 ***158.75

636360

DOCUMENT # P01000000981

1. Entity Name
GENOMED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4560 Clayton Avenue	4560 Clayton Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Louis, Missouri	City & State: St. Louis, Missouri
Zip: 63110 Country: USA	Zip: 63110 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 43-1916702 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Brenda Lee-Hamilton, Esquire
Street Address (P.O. Box Number is Not Acceptable): 555 South Federal Highway
Suite 270
City: Boca Raton, FL Zip Code: 33432

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: Brenda Lee Hamilton DATE: 4/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

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	Chairman/Director David W. Moskowitz, MD 4560 Clayton Avenue St. Louis MO. 63110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Peter C. Brooks 4560 Clayton Avenue St. Louis, MO 63110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director Richard A. Kranitz 4560 Clayton Avenue St. Louis, MO. 63110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/ Director Jerry E. White 4560 Clayton Avenue St. Louis, Missouri 63110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/01)

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: X Jerry E. White 04/10/02 314-977-0114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #