

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90214 031 ***150.00

DOCUMENT # P01000000981

1. Entity Name
GENOMED, INC.



Principal Place of Business
**4560 CLAYTON AVE
SAINT LOUIS MO 63110**

Mailing Address
**4560 CLAYTON AVE
SAINT LOUIS MO 63110**

2. Principal Place of Business
909 S. Taylor Ave.

3. Mailing Address
909 S. Taylor Ave.

Suite, Apt. #, etc.
Suite 314 (314)

Suite, Apt. #, etc.
Suite 314 (314)

City & State
St. Louis, MO

City & State
St. Louis, MO

Zip Country
63110 USA

Zip Country
63110 USA

4. FEI Number **43-1916702**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAMILTON, BRENDA L ESO
555 SOUTH FEDERAL HIGHWAY 270
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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. 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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **MOSKOWITZ, DAVID W MD**
STREET ADDRESS **4560 CLAYTON AVE**
CITY-ST-ZIP **SAINT LOUIS MO 63110**

TITLE **D** ☐ Delete
NAME **BROOKS, PETER C**
STREET ADDRESS **4560 CLAYTON AVE**
CITY-ST-ZIP **SAINT LOUIS MO 63110**

TITLE **SD** ☐ Delete
NAME **KRANITZ, RICHARD A**
STREET ADDRESS **4560 CLAYTON AVE**
CITY-ST-ZIP **SAINT LOUIS MO 63110**

TITLE **PD** ☒ Delete
NAME **WHITE, JERRY E**
STREET ADDRESS **4560 CLAYTON AVE**
CITY-ST-ZIP **SAINT LOUIS MO 63110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, C, D** ☒ Change ☐ Addition
NAME **MOSKOWITZ, DAVID W.**
STREET ADDRESS **909 S. Taylor Ave, Ste 314**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **909 S. Taylor Ave, Ste 314**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **909 S. Taylor Ave, Ste 314**
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DAVID W MOSKOWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

314-977-0110

Date

Daytime Phone #

CR2E034 (10/02)