

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90085 024 ***150.00

DOCUMENT # P01000008964

1. Entity Name
HUDSON MEDICAL, CORPORATION

Principal Place of Business
12890 SOUTH WEST 34 PLACE
DAVIE FL 33330

Mailing Address
12890 SOUTH WEST 34 PLACE
DAVIE FL 33330
DEPARTMENT OF STATE
FF 2 DESK CIT 0111

B0110377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1520 N.W. 128 Dr.

3. Mailing Address
1520 N.W. 128 Dr.

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.
208

City & State
SUNRISE, FL 33323

City & State
SUNRISE, FLORIDA

4. FEI Number ☐ **Applied For**
Not Applicable

Zip
33323

Country
U.S.A.

Zip
33323

Country
U.S.A.

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

COVA, FRANK M
12890 SOUTH WEST 34 PLACE
DAVIE FL 33330

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COVA, FRANK M 12890 SOUTH WEST 34 PLACE DAVIE FL 33330 | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COVA, FRANK M. 1520 N.W. 128 Dr. Suite #208 SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Frank M. COVA / FRANK COVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-02 (954) 835-0777
Date Daytime Phone #

CR2E034 (9/01)