

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

182

DOCUMENT #

1. Entity Name

P01000026629

SARASOTA MEDICAL TECHNOLOGIES, INC.



FILED

04 SEP 22 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6172 Palomino Circle

Suite, Apt. #, etc.

3. Mailing Address

6172 Palomino Circle

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34243

Country

Zip

34243

Country

4. FEI Number

65-1108761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John Zyznomysky

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

6172 Palomino Circle

City

Sarasota

FL

34243

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

Zyznomysky, John

6172 Palomino Circle

Sarasota, FL 34243

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000041329240

09/24/04--01064--011 \*\*450.00

TITLE

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2004

**HOWARD R. WOMELDORPH, JR., C.P.A., P.A.**

CERTIFIED PUBLIC ACCOUNTANT

7648 LOCKWOOD RIDGE ROAD, SARASOTA, FLORIDA 34243 (941) 351-3561

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September 20, 2004

Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Sarasota Medical Technologies, Inc.  
Document #P01000026629  
FEI # 65-1108761

To Whom It May Concern:

It has come to my attention that my client did not receive the Uniform Business Report mailed to them in 2002 and 2003 & 2004. When checking the website I noticed that you have an invalid mailing address, my client has moved twice in that time period.

We called your office explaining the situation and you advised us to enclose a letter along with these returns.

Enclosed please find the 2002, 2003, and 2004 Uniform Business Report, and a check for \$450.00.

If you have any questions regarding this matter please call me at 941-351-3561.

Very truly yours,



Howard R. Womeldorph, Jr., C.P.A.

HRW/ljw