

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91529 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001000050578-			
1. Entity Name POLMED PA.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3200 MASTERS DR Suite, Apt. #, etc.		3. Mailing Address 3200 MASTERS DRIVE Suite, Apt. #, etc.	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33761		Zip 33761	
Country Panama		Country Panama	
4. FEI Number 59-3717236		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ROBERT KASZURA			
Street Address (P.O. Box Number is Not Acceptable) 3200 MASTERS DRIVE			
City CLEARWATER FL Zip Code 33761			
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		DATE 4/22/02	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐	
(See criteria on back)		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE PD NAME ROBERT KASZURA STREET ADDRESS 3200 MASTERS DRIVE CITY-ST-ZIP CLEARWATER FL-33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:		DATE 4/22/02	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2034B (12/01)