

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90337 013 \*\*\*150.00

030890  
AV

**DOCUMENT # P01000052983**

1. Entity Name  
**ATLANTECH MEDICAL DEVICES (USA), INC.**

Principal Place of Business  
**C/O ATLAS PEARLMAN, P.A.  
350 EAST LAS OLAS BLVD., SUITE 1700  
FORT LAUDERDALE FL 33301**

Mailing Address  
**C/O ATLAS PEARLMAN, P.A.  
350 EAST LAS OLAS BLVD., SUITE 1700  
FORT LAUDERDALE FL 33301**



2. Principal Place of Business  
**1375 S. SEMORAN BLVD  
SUITE 1311  
WINTER PARK, FLORIDA  
FL 32792 USA**

3. Mailing Address  
**1375 S. SEMORAN BLVD  
SUITE 1311  
WINTER PARK, FLORIDA  
FL 32792 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59 3720906**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, JAMES M  
C/O 350 EAST LAS OLAS BLVD., SUITE 1700  
FORT LAUDERDALE FL 33301**

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.

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOODS, NICHOLAS</b>	
STREET ADDRESS	<b>ATLANTECH HOUSE FREEMAN'S WAY, HARROGATE N</b>	
CITY-ST-ZIP	<b>YORKSHIRE, UNITED KINGDOM HG5 -1DH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARMAN, JENNIFER</b>	
STREET ADDRESS	<b>ATLANTECH HOUSE FREEMAN'S WAY, HARROGATE N</b>	
CITY-ST-ZIP	<b>YORKSHIRE, UNITED KINGDOM HG5 -1DH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAY-YOUNG, CLIVE</b>	
STREET ADDRESS	<b>ATLANTECH HOUSE FREEMAN'S WAY, HARROGATE N</b>	
CITY-ST-ZIP	<b>YORKSHIRE, UNITED KINGDOM HG5 -1DH</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>RAY-YOUNG, CLIVE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JENNIFER GARMAN** 21/3/02 407672 2029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)