

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


6/23

FILED
Jul 03, 2003 8:00 am
Secretary of State

06-23-2003 90062 003 ***150.00

DOCUMENT # P01000063997 (2)

1. Entity Name
MAINSAIL MEDICAL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
98 EMERALD OAKS LANE
Suite, Apt. #, etc.

3. Mailing Address
SAME 98 EMERALD OAKS LANE
Suite, Apt. #, etc.

55050451

DO NOT WRITE IN THIS SPACE

City & State ORMOND BEACH FL City & State ORMOND BEACH FL 4. FEI Number 59-3725316 Applied For Not Applicable

Zip 32174 Country USA Zip 32174 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GILIAN COOK

Street Address (P.O. Box Number is Not Acceptable)
98 EMERALD OAKS LANE

City Ormond Beach FL Zip Code 32174

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 Gilian Cook (NOTE: Registered Agent signature required when reappointing) DATE 6/30/03

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	<u>President ROXANN COOK 98 EMERALD OAKS LANE Ormond Beach, FL 32174</u>	TITLE NAME STREET ADDRESS 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: Roxann C. Cook Date: 6/16/03 Daytime Phone: _____

CR2E034B (12/02)