

**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 # PO1000063997 (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

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ORMOND BEACH FL

Zip  
32174 Country  
USA

Zip  
32174 Country  
USA

4. FEI Number  
59-3725316

Applied For  
 Not Applicable

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 reinstating)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)