

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065347

1. Entity Name
VANMED, INC.

Principal Place of Business
7073 CROSSLAKE CIRCLE NORTH
SAINT PETERSBURG FL 33709

Mailing Address
7073 CROSSLAKE CIRCLE NORTH
SAINT PETERSBURG FL 33709

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90204 022 ***150.00

B0081230



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3729313	Not Applicable

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

6. Name and Address of Current Registered Agent

NGUYEN, VAN MR.
7073 CROSSLAKE CIRCLE NORTH
SAINT PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name	City	FL	Zip Code
Street Address (P.O. Box Number is Not Acceptable)			

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.

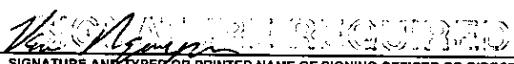
SIGNATURE

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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NGUYEN, VAN 7073 CROSSLAKE CIRCLE NORTH SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 727-546-5265
Daytime Phone #

CR2E034 (5/01)