

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 011 ***150.00

DOCUMENT # P01000065544

1. Entity Name

ICU DataSystems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2153 SE Hawthorne Rd.

Suite, Apt. #, etc.

Suite 220

City & State

Gainesville, FL

Zip

32641-7553

Country

US

3. Mailing Address

2153 SE Hawthorne Rd.

Suite, Apt. #, etc.

Suite 220

City & State

Gainesville, FL

Zip

32641-7553

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3730681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Samuel W. Coons III

Street Address (P.O. Box Number is Not Acceptable)

4727 NW 71ST PLACE

City Gainesville

FL

Zip Code

32653

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

25 APR 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	CHIEF EXECUTIVE OFFICER / S
NAME	Samuel W. Coons III
STREET ADDRESS	4727 NW 71 ST PL
CITY - ST - ZIP	GAINESVILLE, FL 32653
TITLE	PRESIDENT / T
NAME	TONY C. CARRAS
STREET ADDRESS	4438 105 TH DR.
CITY - ST - ZIP	GAINESVILLE, FL 32608
TITLE	CEO / CHIEF MEDICAL OFFICER
NAME	WILL A. H. DRUMMOND
STREET ADDRESS	2300 SW 56 TH AVE
CITY - ST - ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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:

Samuel W. Coons III Samuel W. Coons III CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APR 2002

Date

(352) 264-7532

Daytime Phone #

CR2E0348 (12/01)