

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

FILED
Jun 27, 2002 8:00 am
Secretary of State

06-27-2002 90184 010 ***150.00

DOCUMENT # **P01000084840**

1. Entity Name

INSIGHT MEDICAL PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 SOUTH FEDERAL HWY

Suite, Apt. #, etc.

SUITE 4

3. Mailing Address

1100 SOUTH FEDERAL HWY

Suite, Apt. #, etc.

SUITE 4

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33435

Country

Zip

33435

Country

4. FEI Number

65-1135094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

THOMAS MURPHY

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

**1100 S. FEDERAL HWY
STE 4**

City

BOYNTON BEACH

FL

Zip Code

33435

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURPHY, THOMAS
1100 S. FEDERAL HWY
BOYNTON BEACH, FL 33435**

TITLE
NAME
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CITY-ST-ZIP

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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)(f), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/02
Date

Daytime Phone #

CR2E034B (12/01)

allentimed
+
Oath
POB00084840
118633

June 11, 2002

Tom Murphy, Jr.
710 North East 7th. Street
Unit # 403
Boynton Beach, Florida 33435-3930

Ref: Renewal of Corporations

Dear Dept. of State:

As of this date, I have not received my corporation renewals from your office. I was advised by my accounting firm that my renewal is due and to contact your office to avoid any penalties. I reached your office via e-mail on June 8, 2002 and was advised to inform you of my situation in a form letter.

Enclosed, please find a check for \$300.00 for 2 corporation renewals. Thanking you in advance for your prompt understanding to this matter.

Respectfully,



Tom Murphy, Jr.
Secretary / Treasurer
Insight Medical Designs
Insight Medical Products