

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90013 032 ***150.00

DOCUMENT # P01000088089

1. Entity Name
LEGAL MEDICAL ANALYSIS, INC.

Principal Place of Business
773 ST ALBANS DRIVE
BOCA RATON FL 33486

Mailing Address
773 ST ALBANS DRIVE
BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
773 ST. Albans Dr.

3. Mailing Address

Suite, Apt. #, etc.
Boca Raton, Fl.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-061-2813

Applied For

Not Applicable

Zip
33486

Country
Palm Beach

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGMAN, PRISCILLA
773 ST ALBANS DRIVE
BOCA RATON FL 33486

Name

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

City

FL

Zip Code

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) ☒

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 ☐ Delete
D
HAGMAN, PRISCILLA
773 ST ALBANS DRIVE
BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
VP
Richard A. Kliemann
1825 Palm Cove Blvd. # 7-108
Delray Beach, FL 33445

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
Treas Sec
Sharon L. Stott
W. 125 Costy Ave
Oconomowoc, Wisc. 53066

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

Priscilla Hagman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/02

561-391-7886

CR2E034 (9/01)