

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90101 024 \*\*\*550.00

**DOCUMENT # P01000105548**

1. Entity Name  
**EMM SAL MEDICAL, INC.**

Principal Place of Business

**2901 SE PACE DRIVE  
 PORT ST. LUCIE FL 34984**

Mailing Address

**2901 SE PACE DRIVE  
 PORT ST. LUCIE FL 34984**

2. Principal Place of Business

**3237 S.W. 7**

3. Mailing Address

**3237 SW**

Suite, Apt. #, etc.

**Port St Lucie Blvd**

Suite, Apt. #, etc.

**Port St Lucie Blvd**

City & State

**Port St Lucie Florida**

City & State

**Port St Lucie Florida**

Zip

**34953**

Country

**U-SA**

Zip

**34953**

Country

**U-SA**

4. FEI Number

**65-1150193**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SALVANT, EMMANUEL E  
 7345 W SUNRISE BLVD.  
 SUNRISE FL 33313**

7. Name and Address of New Registered Agent

Name

**EMMANUEL E. SALVANT**

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

**2901 SE PACE DR.**

**PORT ST. LUCIE**

**FL 34984**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **D** ☐ Delete  
 NAME **SALVANT, EMMANUEL E**  
 STREET ADDRESS **7345 W SUNRISE BLVD.**  
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **D** ☒ Change ☐ Addition  
 NAME **EMMANUEL E. SALVANT**  
 STREET ADDRESS **2901 S.E. PACE DR.**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34984**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**EMMANUEL E. SALVANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09/06/02**

Date

**772-336-8539**

Daytime Phone #

CR2E034 (4/02)