

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90182 032 \*\*\*150.00

04292003 AV

**DOCUMENT # P02000028985**

1. Entity Name  
**RYCO MEDICAL, INC.**



Principal Place of Business  
**110 JOHN F. KENNEDY DR #114  
ATLANTIS FL 33462**

Mailing Address  
**110 JOHN F. KENNEDY DR #114  
ATLANTIS FL 33462**



2. Principal Place of Business  
**130 J.F.K. Drive**

3. Mailing Address  
**130 J.F.K. Drive**

Suite, Apt. #, etc.  
**134**

Suite, Apt. #, etc.  
**134**

City & State  
**ATLANTIS, FL**

City & State  
**ATLANTIS, FL**

4. FEL Number  
**03-0420133**

Applied For  
Not Applicable

Zip  
**33462**

Country  
**U.S.**

Zip  
**33462**

Country  
**U.S.**

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

**JAFFE, KENNETH S DR.  
110 JOHN F. KENNEDY DR #114  
ATLANTIS FL 33462**

Name  
**Earl M. Cohen**  
Street Address (P.O. Box Numbers Not Acceptable)  
**2505 N.W. Boca Raton Blvd.  
Suite 202  
Boca Raton FL 33431**

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

**1/27/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **JAFFE, KENNETH S DR.**  
STREET ADDRESS **110 JOHN F. KENNEDY DR #114**  
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **D** ☒ Change ☐ Addition  
NAME **Kenneth Jaffe MD**  
STREET ADDRESS **130 JFK Drive Suite #134**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **M** ☐ Change ☒ Addition  
NAME **Zacharia Varughese**  
STREET ADDRESS **130 JFK Drive Suite 134**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/2003** **Sid-439-0308**

Date

Daytime Phone #

CR2E034 (10/02)