

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 047 ***150.00

DOCUMENT # P02000042884

1. Entity Name
DIGITAL MEDICAL SYSTEMS, INC.



Principal Place of Business
10152 W. INDIANTOWN ROAD
SUITE 202
JUPITER FL 33478

Mailing Address
10152 W. INDIANTOWN ROAD
SUITE 202
JUPITER FL 33478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0590558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, ANABELLE
2581 JUPITER PARK DRIVE
SURIE F4
JUPITER FL 33458

Name: LOPEZ, ANABELLE
Street Address (P.O. Box Number is Not Acceptable): 10152 W. INDIANTOWN ROAD
SUITE 202
City: Jupiter, FL **Zip: 33478**

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 *Anabelle Lopez* **Anabelle LOPEZ**

3-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **VAZQUEZ, JENNIFER**
STREET ADDRESS **2581 JUPITER PARK DRIVE SUITE F4**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☒ Change ☐ Addition
NAME **VAZQUEZ JENNIFER**
STREET ADDRESS **10152 W. INDIANTOWN ROAD SUITE 202**
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 *JENNIFER VASQUEZ* **JENNIFER VASQUEZ**

Signature and typed or printed name of signing officer or director

3/15/03

Date

(561) 745-4403

Daytime Phone #

CR2E034 (10/02)