FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90159 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000044603

1. Entity Name
Tamvest Medical, Inc.

DO NOT WRITE IN THIS SPACE

10075704

2. Principal Place of Business	3. Mailing Address
1504 E. Bearss Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, FL	City & State
Zip: 33549 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0681509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Brett Kasenetz
Street Address (P.O. Box Number is Not Acceptable)
1504 E Bearss Ave
City: Lutz FL Zip Code: 33549

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], Brett Kasenetz, CEO 4-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	CEO + Director	TITLE	
NAME	Brett Kasenetz	NAME	
STREET ADDRESS	10519 Bermuda Isle Dr	STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33647	CITY-ST-ZIP	
TITLE	President + Director	TITLE	
NAME	Elliot Cazes	NAME	
STREET ADDRESS	8923 Magnolia Chase Cir	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33647	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], Brett Kasenetz 813 910-2897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #