

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90100 002 ***550.00

0081667 AV

DOCUMENT # **P02000123609**

1. Entity Name
CSI MEDICAL INC



Principal Place of Business
**1402 ROYAL PALM BEACH BLVD.
BLDG. 700, SUITE 105
ROYAL PALM BEACH FL 33411
US**

Mailing Address
**1402 ROYAL PALM BEACH BLVD.
BLDG. 700, SUITE 105
ROYAL PALM BEACH FL 33411
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

55-0818754

☒ Applied For

☐ Not Applicable

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

BURNSIDE, SHARRON A

418 RAINBOW SPRINGS TERRACE

ROYAL PALM BEACH FL 33411

**1620 A Windorah way
WPB FL 33411**

Name

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

1620 A Windorah way

City

West palm beach

FL

Zip Code

33411

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 **SHARRON Burnside PVPS**

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

(NOTE: Registered Agent signature required when reinstating)

8/20/03

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME **PVPS**
STREET ADDRESS **BURNSIDE, SHARRON A**
CITY-ST-ZIP **418 RAINBOW SPRINGS TERRACE**
ROYAL PALM BEACH FL 33411

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1620 A Windorah way**
CITY-ST-ZIP **West Palm Beach FL 33411**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **BURNSIDE, SHARRON A**
CITY-ST-ZIP **418 RAINBOW SPRINGS TERRACE**
ROYAL PALM BEACH FL 33411

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1620 A Windorah way**
CITY-ST-ZIP **West Palm Beach FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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: **SHARRON Burnside**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03 **561**
868-1864

Date Daytime Phone #

CR2E034 (4/03)