

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90426 034 \*\*\*150.00

DOCUMENT # P93000061407

1. Entity Name

MERCEDES MEDICAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7590 COMMERCE CT.

Suite, Apt. #, etc.

3. Mailing Address

7590 COMMERCE CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0437024

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHELE B. GRIMES, ESQ.

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

200 SOUTH ORANGE AVENUE

City

SARASOTA

FL

Zip Code

34236

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D/P	NOELLE A. HAFT	7590 COMMERCE CT.	SARASOTA FL 34243
V/AS/AT	ALEX MILLER	7590 COMMERCE CT.	SARASOTA FL 34243
D/V/S/T	ROBERT S. HAFT	7590 COMMERCE CT.	SARASOTA FL 34243
V	DAVID JOHNSON	7590 COMMERCE CT.	SARASOTA FL 34243
V	SCOTT GERBER	7590 COMMERCE CT.	SARASOTA FL 34243

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)