2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90118 048 ***150.00

DOCUMENT # P93000087333

1. Entity Name
ANTHONY MEDICAL, INC.

753403

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
--- TALLEVAST RD.	1285 TALLEVAST RD.
FL 34243	SARASOTA FL 34243-3253
	US

NEW ADDRESS

2. Principal Place of Business		3. Mailing Address	
Anthony Medical Inc.		Anthony Medical Inc.	
Suite, Apt. #, etc. 1850 Porter Lake Dr. Unit #101		1850 Porter Lake Dr. Suite, Apt. #, etc. Unit #101	
City & State Sarasota, FL 34240		City & State Sarasota, FL 34240	
Zip	Country	Zip	Country

4. FEI Number 65-0457335 — ☐ 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
RINALDI, ANTHONY D	Name
~~1285 TALLEVAST RD.~~	Street Address (P.O. Box Number is Not Acceptable)
~~SARASOTA FL 34243~~	City **FL** Zip Code

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 reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RINALDI, ANTHONY D		NAME		
STREET ADDRESS	~~1285 TALLEVAST RD.~~ 1850 PORTER LAKE DR. UNIT #101		STREET ADDRESS		
CITY-ST-ZIP	~~SARASOTA FL~~ SARASOTA FL 34240		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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

SIGNATURE: [signature] ANTHONY RINALDI 4/10/00 941-342-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #