

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90048 020 ***150.00

DOCUMENT # P94000014297

1. Entity Name
C MED, INC.

Principal Place of Business
2238-40 DREW ST
CLEARWATER FL 33765
US

Mailing Address
5205 OLD ORCHARD RD
850
SKOKIE IL 60077
US

2. Principal Place of Business

3. Mailing Address
5215 Old Orchard Rd
 Suite, Apt. #, etc.
850

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SKOKIE, IL

4. FEI Number

59-3232228

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRIS, PETER H ESQ.
OMNA MEDICAL PARTNERS, INC.
2255 GLADES ROAD, SUITE 219A
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Peter Harris

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

1052 Sequoia Lane

City
Weston

FL

Zip Code
33337

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, 2002 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

TITLE
VPSD ☐ Delete
 NAME
HARRIS, PETER
 STREET ADDRESS
2255 GLADES ROAD, SUITE 219A
 CITY-ST-ZIP
BOCA RATON FL 33431

TITLE
AS ☐ Delete
 NAME
BARBOUR, ALYSSA
 STREET ADDRESS
2255 GLADES RD STE 219A
 CITY-ST-ZIP
BOCA RATON FL 33431

TITLE
PD ☒ Delete
 NAME
PORTNOY, FRED
 STREET ADDRESS
2255 GLADES RD STE 219A
 CITY-ST-ZIP
BOCA RATON FL 33431

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President & Treasurer ☒ Change ☐ Addition
 NAME
5215 Old Orchard Rd 850
 STREET ADDRESS
SKOKIE, IL 60077 **Peter Harris**

TITLE
Asst. Secretary ☒ Change ☐ Addition
 NAME
5215 Old Orchard Rd, Suite 850
 STREET ADDRESS
SKOKIE, IL 60077 **Alyssa Barbour**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02 **857-8235**

CR2E034 (9/01)