## **2003 FOR PROFIT CORPORATION**

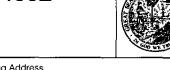
## UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

Principal Place of Business

P94000014662

1. Entity Name VENUS MEDICAL, INC.



Mailing Address

951 LUCAS L OLDSMAR FL US			951 LUCAS LN OLDSMAR FL 34677 US								
2. Principal I	Place of Busi	ness	3. Mailing Address						DAR DANIB DANIB		
Suite, Apt	t. #, etc.	<del></del> _	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	FEI Number <b>59-3227380</b>	Applie Not A	ed For	
Zip Country			Zip Co			untry 5.		Certificate of Status Desired S8.	<b>75</b> Additional Required		
- 6. Name and Address of Current Registered Agent							7	Name and Address of New Registered Ager	t	·	
	*			<del></del>		Name		· · · · · · · · · · · · · · · · · · ·			
HOWE, M 951 LUCA	IICHAEL A I AS LN			Street Addr			ldress (P.O. E	s (P.O. Box Number is Not Acceptable)			
OLDSMAR FL 34677											
 						City		FL	Zip Code		
	ations of regis		, . 					gent, or both, in the State of Florida. I am famil	ar with, and	accept	
	Signature, typed	or printed name or registered agent	and title if appl	ICADIE. {NUIT	:: Hegistered	Agent signatur	e required when r	reinstating) DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.00</b> N Added to		
10.	OFFICERS AND DIR			RECTORS 11.			Α[	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CHAEL A. I NA RD., SUITE 102 AZ		□ Delete						Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		of the March B		Delete					Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	1		* **		Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					Change	] Addition	
TITLE				□ Delete	TITLE				Channe E	] Addition	

12. Thereby 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 ar

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

**FILED** 

04-10-2003 90128 011 \*\*\*150.00

Apr 10, 2003 8:00 am Secretary of State