

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060810

1. Entity Name

TEVIXMD CORP.

Principal Place of Business

11955 SW 142ND TERRACE  
MIAMI FL 33186

Mailing Address

11955 SW 142ND TERRACE  
MIAMI FL 33186

2. Principal Place of Business

7000 Federal Highway

Suite, Apt. #, etc.

Suite 302

City & State

Stuart FL

3. Mailing Address

7000 Federal Highway

Suite, Apt. #, etc.

Suite 302

City & State

Stuart FL

4. FEI Number

65-0514306

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDROS, W. TODD  
545 SAN SERVANDO AVE.  
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name

American Information Services, Inc.

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

255 South Orange Avenue, 17th Floor

City

Orlando

FL

Zip Code  
32801

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

*James S. Keefner*

James S. Keefner,

Assistant Secretary

July 10, 2001

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ANDROS, W. TODD  
545 SAN SERVANDO AVE.  
CORAL GABLES FL 33143

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
REDMON, ALAN P  
7333 SE SEAGATE LN  
STUART FL 34997

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PST 600004477680-08  
-07/16/01--01072--006  
\*\*\*\*\*593.75 \*\*\*\*\*558.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Change ☒ Addition  
CHESLEY, RONALD L  
4800 HWY A1A #216  
VERO BEACH FL 32963

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Todd Andros, President

7/10/01

(305) 252-2177

Date

Daytime Phone #

7. JUL 13 2001

FILED  
01 JUL 12 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)