2000 UNIFORM BUSINESS REPORT (UBR)

aillun)

ATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P94000089856** 1. Entity Name PATHMED, INC. 04-12-2000 90027 035 ***150.00 Mailing Address Principal Place of Business 1740 NW 93RD TERRACE 1740 NW 93 TERRACE PLANTATION FL 33322-5228 PLANTATION FL 33322 AUU37216 US 2. Principal Place of Business 3. Mailing Address 4864 Red Brick Run 4864 Red Brick Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0540424 Lake Fovest Not Applicable \$8.75 Additional 5. Certificate of Status Desired Seminole Fee Required Seminale 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALVAREZ, MARCELINO 1740 NW 43RD TERR PLANTATION FL 33322 3277 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PSTD PSTDVD ☐ Delete TITLE Alvarez, Marcelino 4864 Red Brick Pun ALVAREZ, MARCELINO NAME 1740 NW 93 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 Lake Forest, Fl. 32771 CITY-ST-7IP ☐ Addition Change Delete TITLE SAN IE, NJOEK NAME NAME 1740 NW 93 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.