

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 05-15-2000 90268 017 \*\*\*150.00

**DOCUMENT # P94000093210**

1. Entity Name  
**IVANHOE MEDICAL SYSTEMS, INC.**

Principal Place of Business Mailing Address  
 REW CIR.  
 OFF FL 34761  
 1903 S CONGRESS AVE  
 400  
 BOYNTON BEACH FL 33426-6559  
 US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3283647** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DAVIS, NICHOLAS E III**  
**1903 SOUTH CONGRESS AVENUE, #400**  
**BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent  
 Name **Daniel W. Bivins, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1903 S. Congress Avenue**  
**Suite 400**  
 City **Boynton Beach, FL** Zip Code **33426**

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 *Daniel W. Bivins, Jr.* **Daniel W. Bivins, Jr.** **4/28/00**  
 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. ☐ **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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSHES, PAUL C		NAME		
STREET ADDRESS	1903 S CONGRESS AVE, STE #400		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORBIN, ARTHUR P		NAME		
STREET ADDRESS	1903 S CONGRESS AVE, STE #400		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, NICHOLAS E III		NAME	Denise Schumann	
STREET ADDRESS	1903 S CONGRESS AVE, STE #400		STREET ADDRESS	1903 S. Congress Ave #400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dana Pusateri	
STREET ADDRESS			STREET ADDRESS	1903 S. Congress Ave., Suite 400	
CITY-ST-ZIP			CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Denise Schumann* **Denise Schumann** **4/28/00** **(561) 737-2227**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)