

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026912

1. Entity Name

MEDEX 7, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90062 031 \*\*\*150.00

Principal Place of Business

Mailing Address

2539 S FLORIDA AVE  
LAKELAND FL 33806  
US

2539 S FLORIDA AVE  
LAKELAND FL 33803-3858  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3306857

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

7. Name and Address of New Registered Agent

DIMOTTA, EDWARD E  
3618 ASHLING DRIVE  
LAKELAND FL 33803

Name

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

City

FL

Zip Code

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, 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	CPOD	<input type="checkbox"/> Delete
NAME	DIMOTA, EDWARD E	
STREET ADDRESS	3618 ASHLING DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VPOD	<input type="checkbox"/> Delete
NAME	KING, JAMES M	
STREET ADDRESS	2750 GALE ROSE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPOD	<input type="checkbox"/> Delete
NAME	DIMOTTA, SEAN M	
STREET ADDRESS	6899 HAYTER DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	OD	<input type="checkbox"/> Delete
NAME	MAY, SHAWN D	
STREET ADDRESS	6 EAST CLEMENTON RD	
CITY-ST-ZIP	GIBBSBORO NJ	
TITLE	DO	<input type="checkbox"/> Delete
NAME	MAY, COURTNEY H	
STREET ADDRESS	6 E CLEMENTON RD	
CITY-ST-ZIP	GIBBSBORO NJ	
TITLE	OD	<input type="checkbox"/> Delete
NAME	MCELHENIE, RONALD D	
STREET ADDRESS	2044 RYAN WAY	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Edward E. Dimotta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/12/00

Daytime Phone #

863-680-7110

CR2E034 (9/99)