

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000057760

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: CONMEDR, INC.

Current Principal Place of Business:

6705 SW 88TH TR
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

6705 SW 88TH TR
PINECREST, FL 33156

New Mailing Address:

FEI Number: 65-0602930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, AUDREY
6705 SW 88TH TERR
MIAMI, FL 33156

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICE, AUDREY
Address: 11100 SW 84 COURT
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: RICE, VALERIE
Address: 1200N. VERTCH ST #700
City-St-Zip: ARLINGTON, VA 22201

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RICE, AUDREY
Address: 6705 SW 88TH TERRACE
City-St-Zip: PINECREST, FL 33156

Title: D (X) Change () Addition
Name: RICE, VALERIE
Address: 1200N. VEITCH ST #700
City-St-Zip: ARLINGTON, VA 22201

Title: D () Change (X) Addition
Name: RICE, THOMAS J MD
Address: 6705 SW 88TH TERRACE
City-St-Zip: PINECREST, FL 33156 US

Title: NA () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA NA

Title: NA () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA NA

Title: NA () Change (X) Addition
Name: NA, NA NA
Address: NA
City-St-Zip: NA, NA NA NA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. RICE, MD

DIR

04/09/2002

Electronic Signature of Signing Officer or Director

Date