

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91203 034 ***150.00

DOCUMENT # P95000064404

1. Entity Name
ABACOA MEDICAL CORP.

Principal Place of Business
 1335 W INDIANTOWN RD
 JUPITER FL 33458
 US

Mailing Address
 530 IBIS DRIVE
 DELRAY BEACH FL 33444
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 1335 W. Indiantown Rd.
 Suite, Apt. #, etc.
 City & State
 JUPITER, FL

4. FEI Number
 65-0605611

Applied For
☐ Not Applicable

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

Zip 33458 **Country** US

6. Name and Address of Current Registered Agent
 SINGER, MICHAEL S ESQ
 3801 PGA BOULEVARD
 SUITE 802
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 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. ☐ **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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 | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, KENNETH M.D. | | NAME | | |
| STREET ADDRESS | 530 IBIS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOEBEL, DANIEL D | | NAME | | |
| STREET ADDRESS | 530 IBIS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TANABE, DONALD M.D. | | NAME | | |
| STREET ADDRESS | 530 IBIS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAPPA, MICHAEL MD | | NAME | | |
| STREET ADDRESS | 530 IBIS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HASTON, STEVE MD | | NAME | | |
| STREET ADDRESS | 530 IBIS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | 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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **DATE** 2/18/02 **Daytime Phone #** 561.441.4141