

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -6 PM 3:52

DOCUMENT # P95000079185

1. Entity Name

COD MEDICAL, INC.

Principal Place of Business

Mailing Address

1582 S.W. 2nd Street  
Boca Raton, FL 33486

1582 S.W. 2nd Street  
Boca Raton, FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0619051

Applied For

Not Applicable

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

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 D ☐ Delete  
NAME GONEDES, XAROULA  
STREET ADDRESS 1582 S.W. 2ND STREET  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Change ☐ Addition  
NAME 600004548256--3  
STREET ADDRESS -08/22/01--01025--005  
CITY-ST-ZIP \*\*\*\*\*300.00 \*\*\*\*\*300.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

(561) 7501447

Daytime Phone #

CR2E034 (9/99)

# C.O.D. MEDICAL, INC.

7040 Palmetto Park Road  
Boca Raton, Florida 33433  
(800) 377-6784 - (561) 750-1447  
www.codmedical.com

Pg 292

Letter #  
201 A 00030296

Ref# P95000079185

7/23/01

To Whom it may CONCERN,

Please have some leniency towards us. We have paid our corporation Annual Report Form we sent it in this year on 4/23/01. We do not want to dissolve our corporation. We do not remember getting the Form last year. If we did we would of sent it in as in past years But apparently we never received it. Please have some leniency when you review this, we are a very small corporation & the penalties would hurt severely. Please let us know, ATTACHED is a check for 300.00

Thanks  
XARACA GONEDIS  
X X X  
President