

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081576

1. Entity Name

ICON MEDICAL, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90056 012 \*\*\*150.00

Principal Place of Business

Mailing Address

4501 107TH CIR N  
#3  
CLEARWATER FL 33762  
US

2981 SANDPIPER PLACE  
CLEARWATER FL 33762-0115  
US

C0006789



2. Principal Place of Business

6008 Bonacker Dr

3. Mailing Address

4412 NW 93rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa Florida

City & State

Gainesville FL

4. FEI Number

59-3352636

Applied For

Not Applicable

Zip

Country

33610 USA

Zip

Country

32653 USA

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

CONNOLLY, JAMES B  
2981 SANDPIPER PLACE  
CLEARWATER FL 33762

Name James B Connolly

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

4412 NW 93rd Ave

City Gainesville

FL

Zip Code 32653

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  
NAME CONNOLLY, JAMES B  
STREET ADDRESS 2981 SANDPIPER PLACE  
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE President  
NAME James B Connolly  
STREET ADDRESS 4412 NW 93rd Ave  
CITY-ST-ZIP Gainesville FL 32653 ☒ Change ☐ Addition

TITLE D  
NAME CONNOLLY, PAMELA H  
STREET ADDRESS 2981 SANDPIPER DR.  
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE Director  
NAME Pamela H Connolly  
STREET ADDRESS 4412 NW 93rd Ave  
CITY-ST-ZIP Gainesville FL 32653 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (9/99)