

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90097 025 \*\*\*150.00

**DOCUMENT # P95000083414**

1. Entity Name  
**SIMPLEX MEDICAL, INC.**

Principal Place of Business

**1414 RAIL HEAD BLVD.  
 NAPLES FL 34110  
 US**

Mailing Address

**1414 RAIL HEAD BLVD.  
 NAPLES FL 34110  
 US**

2. Principal Place of Business

**12701 Commonwealth Dr**

3. Mailing Address

**-same-**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 5**

City & State

City & State

**Ft Myers FL**

Zip

Country

Zip

Country

**33913**

**US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARY, MARY B**

**%PORTER WRIGHT, MOTTIS, AND ARTHUR, LLP**

**5801 PELICAN BAY BLVD. STE 300**

**NAPLES FL 34108**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOCK, MARK A</b> <b>1414 RAIL HEAD BLVD.</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ROBERTS, FREDERICK J</b> <b>1414 RAIL HEAD BLVD.</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Bock, Mark A.</b> <b>12701 Commonwealth Dr. Ste 5</b> <b>Ft Myers FL 33913</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STP</b> <b>Roberts, Frederick J.</b> <b>12701 Commonwealth Dr. Ste 5</b> <b>Ft Myers, FL 33913</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034 (9/01)