

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094741

1. Entity Name

INTERNATIONAL MEDICAL INSTRUMENTATION, INC.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90187 043 \*\*\*150.00

Principal Place of Business

Mailing Address

521 LAKE AVE  
SUITE 4  
LAKE WORTH FL 33460  
US

521 LAKE AVE  
SUITE 4  
LAKE WORTH FL 33460-3847  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

521 LAKE AVE  
Suite, Apt. #, etc.  
Suite 4

521 LAKE AVE.  
Suite, Apt. #, etc.  
Suite 4

City & State  
LAKE WORTH, FLORIDA

City & State  
LAKE WORTH, FLORIDA

Zip  
33460

Country  
USA

Zip  
33460

Country  
USA

4. FEI Number 65-0650827

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

GEORGE D. PSOINOS PA  
1655 PALM BEACH LAKES BLVD. STE 106  
THE FORUM  
WEST PALM BEACH FL 33401

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GILDE, ROGER L  
521 LAKE AVE, STE 4  
LAKE WORTH FL 33460 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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)