

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90195 011 \*\*\*150.00

**[REDACTED]**  
 11857

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000094741

1. Entity Name INTERNATIONAL MEDICAL INSTRUMENTATION INC. (DA)  
D.B.A. IMI SPECIALTY PRODUCTS

Principal Place of Business 337 CAPE COD CIRCLE LAKE WORTH, FL 33467  
 Mailing Address P.O. BOX 540836 LAKE WORTH FL 33454

2. Principal Place of Business 337 CAPE COD CIRCLE  
 Suite, Apt. #, etc.

3. Mailing Address P.O. BOX 540836  
 Suite, Apt. #, etc.

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  
 Name Betty C. Resch, Esq.  
 Street Address (P.O. Box Number is Not Applicable) 521 LAKE AVE  
 City LAKE WORTH FL Zip Code 33460

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 Betty C. Resch Esq. DATE 8/24/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back) **After MAY 1, 2001 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 <u>PRESIDENT</u> STREET ADDRESS <u>ROGER L. GILDE</u> CITY-ST-ZIP <u>337 CAPE COD CIRCLE LAKE WORTH, FL 33467</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <u>TREASURER</u> STREET ADDRESS <u>ROGER L. GILDE</u> CITY-ST-ZIP <u>(SAME AS ABOVE)</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <u>SECRETARY</u> STREET ADDRESS <u>ROGER L. GILDE</u> CITY-ST-ZIP <u>(SAME AS ABOVE)</u>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplementary 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: Roger Gilde DATE 7/27/01 561/967-6921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)