

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000014261**

1. Entity Name

U.S.A. MEDICAL, INC.

Principal Place of Business

THE PLAZA, SUITE 801  
5355 TOWN CENTER ROAD  
BOCA RATON  
33486

FL

Mailing Address

THE PLAZA, SUITE 801  
5355 TOWN CENTER ROAD  
BOCA RATON  
33486

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-0641840

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ENGLEHARD SHELDON ESQUIRE

THE PLAZA, SUITE 801

5355 TOWN CENTER ROAD

BOCA RATON

33486

FL

US

**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)

04/14/2000

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**TITLE S ☒ Delete  
NAME ALKOBY SHLOMO  
STREET ADDRESS 5355 TOWN CENTER RD STE 801  
CITY-ST-ZIP BOCA RATON FL 33486TITLE VPSD ☐ Delete  
NAME ENGELHARD SHELDON  
STREET ADDRESS 5355 TOWN CENTER ROAD SUITE 801  
CITY-ST-ZIP BOCA RATON FLTITLE PD ☐ Delete  
NAME MAIZES ISAAC  
STREET ADDRESS 5355 TOWN CENTER RD SUITE 801  
CITY-ST-ZIP BOCA RATON FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: SHELDON ENGELHARD

VPSD

04/14/2000

**JOSE F PEDREIRA SECRETARY**  
**5355 TOWN CENTER RD., STE 801**

**BOCA RATON, FL 33486**