

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90145 032 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000028209

1. Entity Name
JOYCO MEDICAL, INC.



Principal Place of Business
450 NW 9TH CT
BOCA RATON, FL 33486

Mailing Address
450 NW 9TH CT
BOCA RATON, FL 33486

90137669



2. Principal Place of Business
5967 Michaux Street

3. Mailing Address
5967 Michaux Street

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL 33433-7201

City & State
Boca Raton, FL 33433-7201

4. FEI Number
65-0657891

Applied For
☐ Not Applicable

Zip
33433-7201

Country
US

Zip
33433-7201

Country
US

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

ZELLER, LORI H DR
950 NW 9TH CT
BOCA RATON, FL 33486

Name
Lori H. Zeller, D.C.
Street Address (P.O. Box Number is Not Acceptable)
5967 Michaux Street

Boca Raton
City

FL Zip Code
33433-7201

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and filed publication.

(NOTE: Registered Agent Signature required when reinstating)

4/15/03
DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTVP
ZELLER, LORI H
950 NW 9TH CT
BOCA RATON, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Zeller, Lori H.
5967 Michaux Street
Boca Raton, FL 33433-7201 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/S/D
Mazza, Joyce
5967 Michaux Street
Boca Raton, FL 33433-7201 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 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
Lori H. Zeller, D.C., President

4/15/03

561-

Date

Daytime Phone #

CR2E034 (10/02)