2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State
07-19-2000 90005 025 ***550.00

DOCUMENT # P96000054101

Entity Name: Freedom Medical Holding, INc.

Principal Place of Business	Mailing Address
1070 E. Indiantown Road Suite 208 Jupiter, FL 33477	

00071699

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 650681876 ☐ 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
Floyd D. Wilkenson 11751 S.W. 1st St. Plantation, FL 33325	Name: Lisa Whitmer Street Address (P.O. Box Number is Not Acceptable): 1070 E. Indiantown Road, Ste. 208 City: Jupiter FL Zip Code: 33477

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: Lisa Whitmer 7-12-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☒ Delete	Pres. Floyd D. Wilkenson Plantation, FL 33325	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Dir. Vesna Lucin 1070 E. Indiantown,Rd., Ste. 208 Jupiter, FL 33477 ☐ Change ☒ Addition
☒ Delete	VP Sec/Treas. David Harrod Boca Raton, FL 33434	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: VESNA LUCIN 7/13/00 (561) 575-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #