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## 2002 Uniform Business Report (UBR)

changed, or on an attachment

## Apr 02, 2002 8:00 am Secretary of State P96000081443 DOCUMENT # 1. Entity Name 4-02-2002 90871 041 \*\*\*150 00 ACCUMED DATA MANAGEMENT INC. Principal Place of Business Mailing Address 394 SW 12TH AVENUE 394 SW 12TH AVENUE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0701675 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JILLIAM WINE ~~WINE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6735 CANARY PALM CIRCLE **BOCA RATON FL 33433** 8. The above named entity submits this statement for the purpose changing its registered office or registered agent, or both, in the State of Florida BULLIAM WINE SIGNATURE eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 9. This corporation is 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PST Change TITLE 5 **PVST** ☐ Delete TITLE ☐ Addition (9/01 WINE, WILLIAM WILLIAM WINE NAME NAME CR2E034 6735 CANARY PALM CIRCLE STREET ADDRESS STREET ADDRESS 5732 N.W. Iasth Terrace **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE **C**hange Addition ILLIAM WINE TETRACE NAME WINE, WILLIAM NAME STREET ADDRESS 6735 CANARY PALM CIRCLE STREET ADDRESS 5732 N.W. 125H CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP Change **★** Addition TITLE ☐ Delete ICE PRESIDENT NAME NAME JONATHAN WINE 22312 Callure BOCA RATURIFIC STREET ADDRESS STREET ADDRESS Calibre Court \$1109 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE VICE PRESIDENT ☐ Change X Addition TITLE CRAIG DEMPSEY Check Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coconut Creek, Fr ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this diving 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