

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000088140**

1. Entity Name
ANALYZER MEDICAL INTERNATIONAL, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90073 038 ***150.00

Principal Place of Business
1575 AVIATION CENTER PKWY., SUITE 406
DAYTONA BEACH FL 32114
US

Mailing Address
1575 AVIATION CENTER PKWY., SUITE 406
DAYTONA BEACH FL 32114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
369. BILL FRANCE BLD.

Suite, Apt. #, etc.
369. BILL FRANCE BLD.

City & State
DAYTONA BEACH FL.

City & State
DAYTONA BEACH FL

Zip
32114

Country
USA

Zip
32114

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3446975**

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

RIDGARD, G. CURTIS
1575 AVIATION CENTER PKWY., SUITE 406
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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]*
Signature, typed or printed name of registered agent and date acceptable

(NOTE: Registered Agent signature required when reinstating)

04-03-01
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, 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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RIDGARD, G. CURTIS P.O. BOX 10679 DAYTONA BEACH FL 32120	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	O AZIZ, LAIKHUNNISA 1400 S. NOVA RD., #342 DAYTONA BEACH FL 32114	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

(LAIKHA AZIZ)

Date

Exemptions

4/3/01

904-258-9001

CR2E034 (10/00)