

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**  
 03-08-2000 90070 049 \*\*\*150.00

**DOCUMENT # P97000000583**

**1. Entity Name**  
**MACK MEDICAL, INC.**

<b>Principal Place of Business</b> 15 DEERPATH DRIVE OLDSMAR FL 34677	<b>Mailing Address</b> 15 DEERPATH DRIVE OLDSMAR FL 34677-2055
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**J L O O O A**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 334 EAST LAKE RD. Suite, Apt. #, etc. - 221	<b>3. Mailing Address</b> 334 EAST LAKE RD. Suite, Apt. #, etc. 221
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<b>City &amp; State</b> PALM HARBOR, FL	<b>City &amp; State</b> PALM HARBOR, FL
<b>Zip</b> 34685-2427	<b>Zip</b> 34685-2427
<b>Country</b> US	<b>Country</b> US

<b>4. FEI Number</b> 59-3418704	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 MORRIS, ROBERT E  
 4016 HENDERSON BLVD.  
 TAMPA FL 33629

**7. Name and Address of New Registered Agent**  
 Name: DAVID G. MCCARTHY  
 Street Address (P.O. Box Number is Not Acceptable): 334 EAST LAKE RD.  
 #221  
 City: PALM HARBOR FL Zip Code: 34685

**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]* DATE: 2-23-00

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15 DEERPATH DRIVE		STREET ADDRESS	334 EAST LAKE RD, #221	
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP	PALM HARBOR, FL 34685-2427	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowerers.**

**SIGNATURE:** *[Signature]* **DATE:** 2-23-00 **DAYTIME PHONE #:** 727.785.8676

CR2E034 (9/99)