

FILED

03 MAY 22 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAMENDED
**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000021744			
1. Entry Name EZ-MED COMPANY			
Principal Place of Business 3350 NW 22ND TERRACE STE 500 B POMPANO BEACH, FL 33069 US		Mailing Address 3350 NW 22ND TERRACE STE 500 B POMPANO BEACH, FL 33069 US	
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 65-0840305		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when returning) DATE _____			
FILE NOW WITH FEE IS \$150.00 After May 17, 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	D VAUGHN, DANA 9730 YOSEMITE LAKE PARKLAND, FL 33067 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHRISTENSEN, EDWIN 5022 NW 104TH WAY CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Christensen, Edwin 5022 NW 104th Way Coral Springs, FL 33076 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALMSLEY, PETER N 350 PENSACOLA BEACH BLVD STE 3B GULF BREEZE, FL 32562 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: <u>Edwin Christensen</u> Edwin Christensen, President		MAY 19, 2003 (954)935-9588 Date Daytime Phone #	

CR2EC04 (10/02)

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05/30/03--01056--021 **\$1.25

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