

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 970000 32630

1. Entity Name

BIO MEDICAL INC ✓

Principal Place of Business

Mailing Address

5353 N. FEDERAL HWY
SUITE 213
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

1451 W. CYPRESS CRK RD 1451 W. CYPRESS CRK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

SUITE 300

City & State

City & State

FT LAUDERDALE FL FT LAUDERDALE FL

Zip

Country

Zip

Country

33309

USA

33309

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL A. GRAMAZIO PhD
5840 NE 21 TERR
FT LAND. FL 33308 US

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME MICHAEL A. GRAMAZIO PhD
STREET ADDRESS 5840 NE 21 TERR
CITY-ST-ZIP FT LAND FL 33308

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00
MICHAEL A GRAMAZIO PhD - 240-8539 (954)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90182 003 ***158.75

103181

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0756265

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CR2E034 (9/99)