

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104349

1. Entity Name

ZASSI MEDICAL EVOLUTIONS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90167 029 ***150.00

Principal Place of Business

Mailing Address

2386 SHANNON ROAD
FERNANDINA BEACH FL 32034

2386 SHANNON ROAD
FERNANDINA BEACH FL 32034-5259

2. Principal Place of Business

1886 S. 14th St., Suite 6

3. Mailing Address

1886 S. 14th St., Suite 6

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

4. FEI Number 59-3481067

Applied For

Not Applicable

Zip 32034 Country

Zip 32034 Country

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

GANDY, JAMES N
2386 SHANNON ROAD 1886 S. 14th Street, Suite 6
FERNANDINA BEACH FL 32034

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 D
STREET ADDRESS VON DYCK, PETER M
CITY-ST-ZIP 2386 SHANNON ROAD
FERNANDINA BEACH FL 32034

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1886 S. 14th Street, Suite 6
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS TRACY, A. CURTIS JR.
CITY-ST-ZIP 2386 SHANNON ROAD
FERNANDINA BEACH FL 32034

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Tacy, A. Curtis, Jr.
CITY-ST-ZIP 1886 S. 14th Street, Suite 6

TITLE ☐ Delete
NAME D
STREET ADDRESS MINASI, JOHN S M.D.
CITY-ST-ZIP 2386 SHANNON ROAD
FERNANDINA BEACH FL 32034

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1886 S. 14th Street, Suite 6
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

Date

904/261-2169

Daytime Phone #

CR2E034 (9/99)