2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003
Secretary of State

DOCUMENT# P98000011061

Entity Name: AMERTEK MEDICAL, INC.

Current Principal Place of Business:

2655 NORTH OCEAN DRIVE
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

2655 NORTH OCEAN DRIVE
SINGER ISLAND, FL 33404 US

New Mailing Address:

2655 NORTH OCEAN DRIVE 403
SINGER ISLAND, FL 33404 US

FEI Number: 65-0809343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TARONE, THEODORE T JR
2655 N OCEAN DR 403
SINGER ISLAND, FL 33404 US

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: TARONE, THEODORE, T, JR. 02/11/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WIITA, GREGORY D
Address: 2655 NORTH OCEAN DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

Title: S ( ) Delete
Name: TIBBETTS, IRENE C
Address: 2655 NORTH OCEAN DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

Title: TD ( ) Delete
Name: WIITA, BRUCE E DR.
Address: 2655 NORTH OCEAN DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WIITA, GREGORY D
Address: 2655 NORTH OCEAN DRIVE 403
City-St-Zip: SINGER ISLAND, FL 33404

Title: VP (X) Change ( ) Addition
Name: TARONE, THEODORE T
Address: 2655 NORTH OCEAN DRIVE 403
City-St-Zip: SINGER ISLAND, FL 33404

Title: TD (X) Change ( ) Addition
Name: WIITA, BRUCE E DR.
Address: 2655 NORTH OCEAN DRIVE 403
City-St-Zip: SINGER ISLAND, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIITA, GREGORY D PD 02/11/2003
Electronic Signature of Signing Officer or Director Date