

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011173

1. Entity Name

BIOMEDICAL ASSOCIATES, INC.

Principal Place of Business

5944 W. WOODHILL CT.
CRYSTAL RIVER FL 34429

Mailing Address

5944 W. WOODHILL CT.
CRYSTAL RIVER FL 34429

2. Principal Place of Business

5944 W. Woodhill Ct

Suite, Apt. #, etc.

3. Mailing Address

5944 W. Woodhill Ct

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

Zip

34429

Zip

34429

Country

CITRUS

Country

CITRUS

4. FEI Number

59-3498200

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MICHAEL F
5944 W. WOODHILL CT.
CRYSTAL RIVER FL 34429

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 \$130.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
JOHNSON, MICHEAL F
5944 W. WOODHILL CT.
CRYSTAL RIVER FL 34429

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
JOHNSON, JANET M
5944 W. WOODHILL CT.
CRYSTAL RIVER FL 34429

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
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CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Michael F. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2001 352 563 1706

Date

Daytime Phone #

CR2E034 (10/00)

10/00