

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011173

1. Entity Name

BIOMEDICAL ASSOCIATES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90147 023 ***150.00

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.



DO NOT WRITE IN THIS SPACE

City & State

Crystal River, FL

City & State

Crystal River, FL

4. FEI Number

59-3498200

Applied For

Not Applicable

Zip

34429

Country

CITRUS

Zip

34429

Country

CITRUS

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

7. Name and Address of New Registered Agent

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 \$150.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL F	
STREET ADDRESS	5944 W. WOODHILL CT.	
CITY- ST- ZIP	CRYSTAL RIVER FL 34429	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, JANET M	
STREET ADDRESS	5944 W. WOODHILL CT.	
CITY- ST- ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Michael F Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2001 352 563 1706

Date

Daytime Phone #

CR2E034 (10/00)