

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011173

1. Entity Name  
BIOMEDICAL ASSOCIATES, INC.



FILED

03 DEC 12 PM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

P.O. Box 896

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Crystal River FL

Zip

Country

Zip

34423

Country

US

4. FEI Number 59-3498200

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/03/03

FILE NOW!!! FEES \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JOHNSON, MICHAEL F  
STREET ADDRESS 5944 W. WOODHILL CT.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE VP  
NAME JOHNSON, JANET M  
STREET ADDRESS 5944 W. WOODHILL CT.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME Johnson, Michael F.  
STREET ADDRESS 5944 W Woodhill Ct  
CITY-ST-ZIP Crystal River, FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT 03

12. 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 10 or Block 11 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

Date

Daytime Phone #

0140833 AT

CR2E034 (4/03)