Mar 12, 2002 8:00 am & Secretary of State

03-12-2002 90284 033 ***150.00

2002 Uniform Business Report (UBR)

P98000027217

DOCUMENT # 1. Entity Name

B. & A. MEDICAL, INC.

Principal Plac	ce of Business	Mailing Address					
4300 N UNIVERSITY DR F100 LAUDERHILL FL 33351		4300 N UNIVERSITY DR F100 LAUDERHILL FL 33351				•	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI	Number 65-0827640		pplied For ot Applicable
Ζίρ 	Country	Zip	Country	5. Cea	tificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current R	egistered Agent		7. Nar	ne and Address of New Registe		
			Name			-	
SCHWARTZ, ROY C 4300 N UNIVERSITY DRIVE F100		Street Address (I		ess (P.O. Box). Box Number is Not Acceptable)		
LAUDERH	IILL FL 33351						
			City			FL Zip Cod	ie
8. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or reg	gistered agent	t, or both, in the State of Florida.	, _i	
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature re	equired when reinst	ating)	ATE	
		1		74200 1110/110/10/10			
9. This corporation is eligible to satisfy its Intangible Tay filing requirement and elects to do so		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550					
		•		00	Election Campaign Financing	\$5.0	00 May Be
Tax filing i	requirement and elects to do so.	After May 1, 2002	Fee will be \$550.	00	 Election Campaign Financing Trust Fund Contribution. 	_ ~	00 May Be d to Fees
Tax filing i (See critei	requirement and elects to do so.	After May 1, 2002 Make Check Payable	Fee will be \$550. to Department of	State	Trust Fund Contribution.	☐ Added	d to Fees
Tax filing i	requirement and elects to do so.	After May 1, 2002 Make Check Payable IRECTORS	Fee will be \$550.	State	, -	AND DIRECTOR	d to Fees S IN 11
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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: