

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90001 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P98000071535	
<b>1. Entity Name</b> ELMED/GAMMATECH INTERNATIONAL, INC.	
<b>Principal Place of Business</b> 12302 Leeks Court Orlando, FL 32837	<b>Mailing Address</b> 12319 South OBT Suite 220 Orlando, FL 32837
<b>2. Principal Place of Business</b> 11310 South O.B.T. Suite, Apt. #, etc. Suite 138 City & State Orlando, Florida Zip 32837 Country USA	<b>3. Mailing Address</b> 200 E. Robinson Street Suite, Apt. #, etc. Suite 500 City & State Orlando, Florida Zip 32801 Country USA
<b>4. FEI Number</b> 58-2410836 <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FLORIDA CORPORATE SUPPORT, INC. 200 E. Robinson Street Suite 500 Orlando, Florida 32801	
<b>7. Name and Address of New Registered Agent</b> 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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Axel G. Lopez 12302 Leeks Court Orlando, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-15-01