

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90066 045 \*\*\*150.00

**DOCUMENT # P98000089887**

1. Entity Name

**STELLAR MEDICAL, INC.**

Principal Place of Business

**373 BRADEN AVENUE  
 SARASOTA FL 34243**

Mailing Address

**373 BRADEN AVENUE  
 SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

**c/o Dr. James, MD  
 3910 Bee Ridge Rd., Bldg F, Suite E  
 Sarasota, FL  
 34233**

**c/o Dr. James, MD  
 3910 Bee Ridge Rd., Bldg F, Suite E  
 Sarasota, FL  
 34233**

**B0098553**



DO NOT WRITE IN THIS SPACE

FEI Number

**65-0879061**

Applied For

Not Applicable

Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ZWICK, WILLIAM S  
 373 BRADEN AVENUE  
 SUITE 102  
 SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name **Richard C. Kuntemeier**  
 Stellar Medical c/o Dr. James MD  
 3910 Bee Ridge Rd, Bldg F, Suite E  
 Sarasota, FL 34233

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 **Richard C. Kuntemeier** **4-25-02**  
 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, 2002 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	CB JAMES, BRIAN C MD 373 BRADEN AVE #102 SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stellar Medical c/o Dr. James MD 3910 Bee Ridge Rd, Bldg F, Suite E Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MERIWETHER, MICHAEL MD 373 BRADEN AVE #102 SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stellar Medical c/o Dr. James MD 3910 Bee Ridge Rd, Bldg F, Suite E Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ZWICK, WILLIAM 373 BRADEN AVE #102 SARASOTA FL 34243 <input checked="" 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	DP KUNTEMEIER, RICHARD C 373 BRADEN AVE SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stellar Medical c/o Dr. James MD. 3910 Bee Ridge Rd, Bldg F, Suite E Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRARO, GERO 373 BRADEN AVE SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stellar Medical c/o Dr. James MD 3910 Bee Ridge Rd, Bldg F, Suite E Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JOHN 373 BRADEN AVE SARASOTA FL 34243 <input checked="" 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: **Richard C. Kuntemeier** **President** **4-25-02** **561 791 5030**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)