

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000092160**

1. Entity Name

**MEDICAL INITIATIVES, INC.****FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90150 045 \*\*\*150.00

**713305**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9280 BAY PLAZA BOULEVARD #726 TAMPA FL 33619-4453</b>	Mailing Address <b>4000 METROPOLITAN DR TAX DEPARTMENT ORANGE CA 92868 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3550338</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>
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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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COLLIS, STEVE</b>	
STREET ADDRESS	<b>4000 METROPOLITAN DR</b>	
CITY-ST-ZIP	<b>ORANGE CA 92868</b>	
TITLE	<b>VCFO</b>	<input type="checkbox"/> Delete
NAME	<b>DIMICK, NEIL F</b>	
STREET ADDRESS	<b>4000 METROPOLITAN DR</b>	
CITY-ST-ZIP	<b>ORANGE CA 92868</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>SAWDEI, MILAN A</b>	
STREET ADDRESS	<b>4000 METROPOLITAN DR</b>	
CITY-ST-ZIP	<b>ORANGE CA 92868</b>	
TITLE	<b>VPFT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHMITT, ERIC J</b>	
STREET ADDRESS	<b>4000 METROPOLITAN DR</b>	
CITY-ST-ZIP	<b>ORANGE CA 92868</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NEIL F. DIMICK EVP/CEO 1/29/01**

Date

**(714) 385-4000**

Daytime Phone #

CR2E034 (10/00)