2010 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 301

3400 S. TAMIAMI TRAIL

3. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

SARASOTA FL 34239-6093

DOCUMENT # P99000004454

Country

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

9. This corporation is eligible to satisfy its Intangible

Tax filling requirement and elects to do so.

6. Name and Address of Current Registered Agent

SAFE MED, INC.

Principal Place of Business

2. Principal Place of Business

DECHOW, GERALD A

SARASOTA FL 34239

SUITE 301

3400 S. TAMIAMI TRAIL

Suite, Apt. #, etc.

City & State

Zip

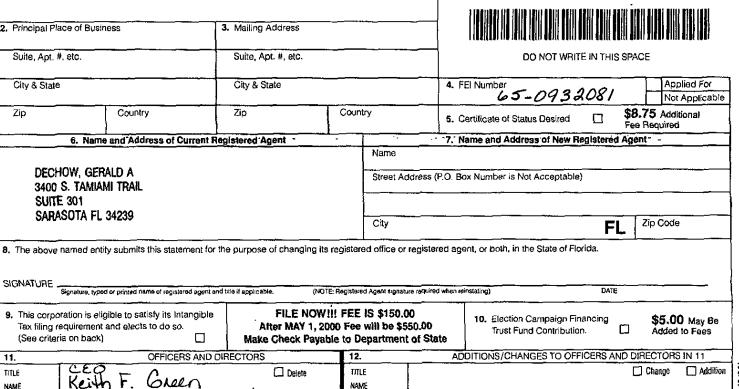
3400 S. Tamiami Trail

SARASOTA FL 34239

STRITE 301

FILED

May 24, 2000 8:00 am Secretary of State 04-26-2000 90130 001 ***600 00



(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE CR2E034 (9/99 TITLE Guen NAMÉ NAME Tamiami Trail Ste. 301 STREET ADDRESS STREET ADDRESS ARASOLA FL 34239 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME MANAF Sk. 301 STREET ADDRESS 1005. Tamiami TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Reasurer Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

City

supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ental 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 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 13. I hereby certify that the information indicated on this report or upplem of the corporation or the re nent with an address, with all other like empowered changed, or on an attach

SIGNATURE: