2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006143

05-19-2000 90025 005 ***150.00
P99000006143

1. Entity Name

PALM MEDICAL USA, INC.

Principal Place of Business	Mailing Address
8203 NW 31ST AVE STE B11 GAINESVILLE FL 32606	8203 NW 31ST AVE STE B11 GAINESVILLE FL 32606-6289

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4609 B-5 NW 6th ST		3. Mailing Address: ← SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: GAINESVILLE FL		City & State	
Zip: 32609	Country: USA	Zip	Country

4. FEI Number: 59-3550757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, MARK J
8203 NW 31ST AVE
STE B11
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name: CHARLES A. LINVILLE
Street Address (P.O. Box Number is Not Acceptable): 7019 SW 57th RD
City: GAINESVILLE FL Zip Code: 32608

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 X [signature] 4/21/2000

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, 2000 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	PSTD Charles A. Linville 7019 SW 57th RD. Gainesville, FL 32608 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Rejected to incorrect address 5/31/00 Never Received
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S. PAYNE OCT 19 2000

FILED 00 OCT 19 PM 2:0[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)

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: X [signature] 4/21/2000 376-0380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #