

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P99000029660
1. Entity Name
BIO-MEDICAL SPECIMENS, INC.

DO NOT WRITE IN THIS SPACE

500005610915--5
-05/27/02--01002--030
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6047 Kimberly Blvd.		3. Mailing Address 102 NW 83rd Way	
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc.	
City & State North Lauderdale, FL		City & State Coral Springs, FL	
Zip 33068	Country US	Zip 33071	Country US
4. FEI Number 650907600		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name HCRM Corp.
Street Address (P.O. Box Number is Not Acceptable) 2200 Corporate Blvd. N.W.
Suite Suite 401
City Boca Raton
FL Zip Code 33431

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 date if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Richard Mouttet 102 NW 83rd Way Coral Springs, FL 33071
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Richard Mouttet 5/9/02 954-912-2464

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR20034B (12/01)

292

**REQUEST TO WAIVE
THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

The undersigned, President of BIO-MEDICAL SPECIMENS, INC., a Florida corporation (hereinafter "Corporation"), hereby states the following:

1. On September 21, 2001, the Corporation was administratively dissolved by the Florida Department of State.
2. The Corporation failed to file its 2001 Uniform Business Report or pay the 2001 Uniform Business Report filing fees within the time prescribed by Florida Statutes Chapter 607 because:
 - (a) the written notice and requirements for filing the Uniform Business Report and pay the Uniform Business Report fee to the Florida Department of State was never received by the Corporation; and,
 - (b) the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
3. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment of its 2001 and 2002 Uniform Business Report fees and the filing of its 2002 Uniform Business Report, which are presented simultaneously with this Statement.
4. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: May 9, 2002

BIO-MEDICAL SPECIMENS, INC.

By: 
Richard Moudet, President