

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038109

1. Entity Name

HEALTHWAVE THERAPEUTICS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90163 038 ***150.00

Principal Place of Business

345 NORTH OAK AVENUE
ORANGE CITY FL 32774

Mailing Address

POST OFFICE BOX 740128
ORANGE CITY FL 32774-0128

2. Principal Place of Business

168 TREEMonte DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL

City & State

4. FEI Number

59-3579035

Applied For

Not Applicable

Zip

Country

32774

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPUTKA, THOMAS W
345 NORTH OAK AVENUE
ORANGE CITY FL 32774

Name

Sondra G. Laputka

Street Address (P.O. Box Number is Not Acceptable)

345 N. OAK Ave

City

ORANGE CITY

FL

Zip Code

32763

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

Sondra G. Laputka

4-29-2000

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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	C/S/T
STREET ADDRESS	Sondra G. Laputka
CITY-ST-ZIP	345 N. Oak Ave
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	BRIAN R O'HAGAN
CITY-ST-ZIP	7502 Greenlawn Rd.
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Robert K. McMahon, Ph.D.
CITY-ST-ZIP	101 N Columbia, Suite 600
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Chapel Hill, NC 27514-3502
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sondra G. Laputka

Sondra G. Laputka

Date

Daytime Phone #

7166

CR2E034 (9/99)