2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL 26 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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DOCUMENT # P99000040517

1. Entity Name
LYNX MEDICAL, INC.

Principal Place of Business	Mailing Address
~~6149 NORTH FEDERAL HIGHWAY~~	~~6149 NORTH FEDERAL HIGHWAY~~
~~BOCA RATON FL 33487~~	~~BOCA RATON FL 33487~~

2. Principal Place of Business		3. Mailing Address	
2311 10th AVE N		PO BOX 6241	
Suite, Apt. #, etc. suite F		Suite, Apt. #, etc.	
City & State Lake Worth, Fl.		City & State Lake worth, Fl	
Zip 33461	Country USA	Zip 33466	Country USA

4. FEI Number 65-0918054 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~COLEMAN, ANTHONY G JR~~
~~6149 NORTH FEDERAL HIGHWAY~~
~~BOCA RATON FL 33487~~

7. Name and Address of New Registered Agent

Name: Anthony Coleman Jr.

Street Address (P.O. Box Number is Not Acceptable): 3275 W. Hillsboro Blvd. ste 207

City: Deerfield Bch FL Zip Code 33442

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] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 7/30/02

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, 2002 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	D AYLING, ARTHUR ~~6149 NORTH FEDERAL HIGHWAY~~ ~~BOCA RATON FL 33487~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Arthur Ayling 6241 PO BOX Lake Worth, Fl. 33466	☒ Change Address ☐ Addition
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CR2E034 (9/01)

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.

JUL 24 2002

SIGNATURE: [signature] office mgr 4-25-02 561-586-2222