2000 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-10-2000 90117 037 ***150.00

DOCUMENT # P99000045511

1. Entity Name
HEALTHMED INTERNATIONAL CORPORATION

R

Principal Place of Business	Mailing Address
12890 SW 34TH PLACE DAVIE FL 33330	12890 SW 34TH PLACE DAVIE FL 33330-1249

508225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12890 SW 34 PL	12890 SW 34 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33330 Country: U.S.A	Zip: 33330 Country: U.S.A

4. FEI Number: 65-0920616 ~~16-11-323624 78 5~~ — Applied For / Not Applicable

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
COVA, FRANK M 12890 SW 34TH PLACE DAVIE FL 33330	Name: FRANK COVA Street Address (P.O. Box Number is Not Acceptable): 12890 SW 34 PL City: DAVIE FL Zip Code: 33330

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: Frank M Cova PRESIDENT — DATE: 05/26/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT FRANK M. COVA 12890 S.W 34 PL DAVIE, FL 33330 ☐ 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

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: Frank M Cova — Date: 04/27/2000 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)