

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045511

1. Entity Name

HEALTHMED INTERNATIONAL CORPORATION

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90084 027 ***150.00

Principal Place of Business

12890 SW 34TH PLACE
DAVIE FL 33330

Mailing Address

12890 SW 34TH PLACE
DAVIE FL 33330

2. Principal Place of Business

12890 SW 34TH PL

Suite, Apt. #, etc.

3. Mailing Address

12890 SW 34TH PL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0920616

Applies For

Not Applicable

Zip

33330

Country

U.S.A

Zip

33330

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COVA, FRANK M
12890 SW 34TH PLACE
DAVIE FL 33330

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title, if applicable.

(NOTE: Registered Agent's signature required when re-statuting)

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	COVA, FRANK M	
STREET ADDRESS	12890 SW 34TH PLACE	
CITY- ST- ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Frank M. Cova

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

954 236 5668

Date

Daytime Phone #

CR2E034 (10/00)