

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90089 035 \*\*\*150.00

**DOCUMENT # P99000050862**

1. Entity Name  
**Z-TEC MEDICAL INCORPORATED**

Principal Place of Business 4217 76TH AVENUE HOLLYWOOD FL 33024	Mailing Address 4217 76TH AVENUE HOLLYWOOD FL 33328-5132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 720 Cumberland Terr. Suite, Apt. #, etc.	3. Mailing Address 720 Cumberland Terr. Suite, Apt. #, etc.
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City & State DAVIE, FL	City & State DAVIE, FL	4. FEI Number 65-0927981	Applied For Not Applicable
Zip 33325	Country U.S.	Zip 33325	Country U.S.

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

6. Name and Address of Current Registered Agent  
**ZAWORSKI, MARGARET A**  
**4217 76TH AVENUE**  
**HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent  
 Name **MARGARET ZAWORSKI**  
 Street Address (P.O. Box Number is Not Acceptable) **720 CUMBERLAND TERRACE**  
 City **DAVIE** **FL** Zip Code **33325**

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] DATE: 4-28-00  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/PRESIDENT</b> <b>MARTIN ZAWORSKI</b> <b>720 CUMBERLAND TERR.</b> <b>DAVIE, FL 33325</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>MARGARET ZAWORSKI</b> <b>720 CUMBERLAND TERR.</b> <b>DAVIE, FL 33325</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] **MARTIN ZAWORSKI Pres/CEO** DATE: 5-1-00 DAYTIME PHONE #: 954-258-8536  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)