

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000050862**

1. Entity Name

Z-TEC MEDICAL INCORPORATED**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90089 035 ***150.00

Principal Place of Business

**4217 76TH AVENUE
HOLLYWOOD FL 33024**

Mailing Address

**4217 76TH AVENUE
HOLLYWOOD FL 33328-5132**

2. Principal Place of Business

720 Cumberland Terr.

Suite, Apt. #, etc.

3. Mailing Address

720 Cumberland Terr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

Zip

33325

Country

U.S.

City & State

DAVIE, FL

Zip

33325

Country

U.S.

4. FEI Number

65-0927981

Applied For

Not Applicable

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-009. 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 **CEO/PRESIDENT** ☐ Delete
NAME **MARTIN ZAWORSKI**
STREET ADDRESS **720 CUMBERLAND TERR.**
CITY-ST-ZIP **DAVIE, FL 33325**TITLE **VICE PRESIDENT** ☐ Delete
NAME **MARGARET ZAWORSKI**
STREET ADDRESS **720 CUMBERLAND TERR.**
CITY-ST-ZIP **DAVIE, FL 33325**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN ZAWORSKI Pres/CEO

Date

5-1-00

Daytime Phone #

954-258-8536

CR2E034 (9/99)