

1/8/01-90025-013-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053073

1. Entity Name
INMED TECHNOLOGY, INC.

FILED

01 JAN 24 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8930 ROAN LANE EAST INVERNESS FL 33450	Mailing Address 8930 ROAN LANE EAST INVERNESS FL 33450
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8930 Roan Lane E.	3. Mailing Address 8930 Roan Lane E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Inverness FL	City & State Inverness FL
Zip 34450	Country USA

4. FEI Number 59-3578801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JUNKER, LARRY E 8930 ROAN LANE EAST INVERNESS FL 34450	7. Name and Address of New Registered Agent Name Spiegel & Utrera PA. Street Address (P.O. Box Number is Not Acceptable) 343 Almeric Ave City Coral Gables FL Zip Code 33134
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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.
 By: Lawrence J. Spiegel, President (Signature)
 Spiegel & Utrera, P.A. (Name)
 1/22/01 (Date)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSYD JUNKER, LARRY G 8930 ROAN LANE EAST INVERNESS FL 33450	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(1), 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: LARRY G. Junker (Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-4-01
 Daytime Phone #: 352-860-2619

CR2E034 (10/00)