

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90012 026 ***150.00

DOCUMENT # P99000055668

1. Entity Name
INNOVAMED USA, INC.

Principal Place of Business
**1140 LEE BLVD. SUITE 101-103
LEHIGH ACRES FL 33936**

Mailing Address
**1140 LEE BLVD. SUITE 101-103
LEHIGH ACRES FL 33936**

2. Principal Place of Business
Medical Devices
Suite, Apt. #, etc.
Suite 101-103

3. Mailing Address
1140 Lee Blvd
Suite, Apt. #, etc.

City & State
Lehigh Acres FL

City & State
Lehigh Acres FL

Zip
FL 33 936

Country
USA

Zip
FL 33 936

Country
USA

4. FEI Number **65-0929596**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent:

**PFUNER, HEINZ
1140 LEE BLVD, SUITE 101-103
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

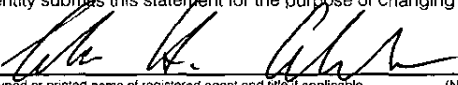
Name **ERNST Czadilek**

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

1140 Lee Blvd Suite 101-103

City **Lehigh Acres FL** Zip Code **33936**

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  **20 Feb 2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **PFUNER, HEINZ**
STREET ADDRESS **P O BOX 1631**
CITY-ST-ZIP **LEHIGH ACRES FL 33970**

TITLE **D** ☐ Delete
NAME **CZADILEK, H E**
STREET ADDRESS **P O BOX 1361**
CITY-ST-ZIP **LEHIGH ACRES FL 33970**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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:  **20 Feb 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)