

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90093 028 \*\*\*150.00

MACCAG AV

**DOCUMENT # P99000055668**

**1. Entity Name**  
**INNOVAMED USA, INC.**

**Principal Place of Business**

**MEDICAL DEVICES**  
**SUITE 101-103**  
**LEHIGH ACRES FL 33936**

**Mailing Address**

**1140 LEE BLVD**  
**LEHIGH ACRES FL 33936**

**2. Principal Place of Business**

**205 E Joel Blvd**  
**Suite, Apt. #, etc. STE 116**

**3. Mailing Address**

**205 E Joel Blvd**  
**Suite, Apt. #, etc. STE 116**

**City & State**

**Lehigh Acres**

**City & State**

**Lehigh Acres**

**Zip**  
**FL 33972**

**Country**  
**USA**

**Zip**  
**FL 33972**

**Country**  
**USA**

**4. FEI Number**

**65-0929596**

☒ **Applied For**

☒ **Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**CZADILEK, ERNST**  
**1140 LEE BLVD.**  
**SUITE 101-103**  
**LEHIGH ACRES FL 33936**

**Czadilek, Ernst**  
**205 E Joel Blvd**  
**STE 116**  
**Lehigh Acres FL 33972**

**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** **Ernst H. Czadilek**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**13-Feb-02**

**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, 2002 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**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>PFUNER, HEINZ</b>	
<b>STREET ADDRESS</b>	<b>P O BOX 1631</b>	
<b>CITY-ST-ZIP</b>	<b>LEHIGH ACRES FL 33970</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>CZADILEK, H E</b>	
<b>STREET ADDRESS</b>	<b>P O BOX 1361</b>	
<b>CITY-ST-ZIP</b>	<b>LEHIGH ACRES FL 33970</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>CZADILEK H-E</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>205 E Joe Blvd STE 116</b>	
<b>STREET ADDRESS</b>	<b>Lehigh ACRES FL 33972</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>Klaus Winkler</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>205 E. Joe Blvd STE 116</b>	
<b>STREET ADDRESS</b>	<b>Lehigh Acres FL 33972</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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**

**13-Feb-2002 941 8502744**

**Date**

**Daytime Phone #**

CP2E034 (9/01)