

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90218 030 \*\*\*150.00

**DOCUMENT # P99000055668**

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



Principal Place of Business  
**205 E JOEL BLVD  
SUITE 116  
LEHIGH ACRES FL 33972  
US**

Mailing Address  
**205 E JOEL BLVD  
SUITE 116  
LEHIGH ACRES FL 33972  
US**



2. Principal Place of Business  
**1103 E Leeland Hgts**  
Suite, Apt. #, etc.

3. Mailing Address  
**1103 E Leeland Hgts Blvd**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lehigh 17crs FL**  
Zip  
**33936** Country  
**US**

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**Lehigh 17crs FL**  
Zip  
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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**

**CZADILEK, ERNST  
205 E JOEL BLVD  
SUITE 116  
LEHIGH ACRES FL 33972**

**7. Name and Address of New Registered Agent**

Name **Ernst H. Czadilek**  
Street Address (P.O. Box Number is Not Acceptable)  
**1103 E Leeland Hgts Blvd**  
City **Lehigh 17crs** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ernst H. Czadilek**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Feb. 07/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CZADILEK, H E 205 E JOE BLVD SUITE 116 LEHIGH ACRES FL 33972</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WINKLER, KLAUS 205 E JOE BLVD SUITE 116 LEHIGH ACRES FL 33972</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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Ernst Czadilek 1103 E Leeland Hgts Blvd Lehigh Acres FL 33936</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Klaus Winkler 1103 E Leeland Hgts Blvd Lehigh 17crs FL 33936</b>	<input checked="" 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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Feb. 07/03 239850**  
**2744**

CR2E034 (10/02)