

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000064440

1. Entity Name

52 MEDICAL, INC.

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FILED
Jun 16, 2000 8:00 am
Secretary of State

05-08-2000 90092 050 ***150.00

Principal Place of Business 2739 U.S. HWY. 19. STE. 201 HOLIDAY FL 34691	Mailing Address 2739 U.S. HWY. 19. STE. 201 HOLIDAY FL 34691-2702
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2. Principal Place of Business 8801 RIVER CROSSING BLVD Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2108 Suite, Apt. #, etc.
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City & State NEW PORT RICHEY	City & State ELFERS FL
Zip 34655	Country USA
Zip 34680-2108	Country USA

4. FEI Number 59-3587775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUDSON, JOHN E
 2739 U.S. HWY. 19, STE. 201
 HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 8801 RIVER CROSSING BLVD.

City
 NEW PORT RICHEY FL Zip Code
 34655

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, JOHN E 2739 U.S. HWY. 19, STE. 201 HOLIDAY FL 34691 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORP. SEC'Y. SUSAN SILVA 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: AGUIAR **REQUIRED** _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)