FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90045 044 ***150.00

DOCUMENT # P99000064443

1. Entity Name

ICU INVESTIGATIONS INC.

Principal Place of Business	Mailing Address
	P O BOX 1062 OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4321 Charing Cross Rd	
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Sarasota	City & State
Zip: 34241 Country: Sarasota	Zip Country

4. FEI Number 65-0946818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAUGTON, PRISCILLA
4232 CENTRAL SARASOTA PKWY
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name: Priscilla Naughton
Street Address (P.O. Box Number is Not Acceptable): 4321 Charing Cross Rd
City: Sarasota FL Zip Code: 34241

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: Priscilla Naughton April 26-05
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NAUGHTON, PRISCILLA 4232 CENTRAL SARASOTA PKWY SARASOTA FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Priscilla Naughton 4321 Charing Cross Rd Sarasota Fl 34241	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTELUSCO, JOHN P O BOX 1062 OSPREY FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Priscilla Naughton April 26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #