

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 08, 2000 8:00 a  
Secretary of State**

02-08-2000 90170 036 \*\*\*150.00

**DOCUMENT # P99000075145**

1. Entity Name  
**SIGNATURE MEDICAL INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
1955 BRANCHWATER TRAIL      1955 BRANCHWATER TRAIL  
ORLANDO FL 32825                  ORLANDO FL 32825-8515

2. Principal Place of Business      3. Mailing Address  
**SAME**    **SAME**

Suite, Apt. #, etc.                          Suite, Apt. #, etc.

City & State                                  City & State

Zip      Country                          Zip      Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-359-3778**

5. Certificate of Status Desired       **\$8.75**  
Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**GATEV, IVAYLO B**  
**1955 BRANCHWATER TRAIL**  
**ORLANDO FL 32825**

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 \_\_\_\_\_ 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**  
Added to:

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (P/D)</b> <b>IVAYLO B GATEV</b> <b>421 S. HYER AVE #C</b> <b>ORLANDO FL 32801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT (V/D)</b> <b>KEVIN A. TUTTLE</b> <b>1955 BRANCHWATER TRAIL</b> <b>ORLANDO FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREAS-STR/D</b> <b>GREGORY T. LUND</b> <b>20 84 STONE CROSS CIR</b> <b>ORLANDO FL 32828</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GREGORY T. LUND**  
**SECRET/TREAS.**      Date: **2/2/00**      Daytime Phone #: **800 933-1111**

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