2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000091389

Entity Name: BELL MEDICAL, INC.

Current Principal Place of Business:

430G ANSIN BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

430G ANSIN BLVD.
HALLANDALE, FL 33009

New Mailing Address:

5840 STIRLING ROAD
SUITE #108
HOLLYWOOD, FL 33021

FEI Number: 65-0958627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, ZAIRA
430G ANSIN BLVD.
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

FLAXMAN, PHYLLIS
430G ANSIN BLVD.
HALLANDALE, FL 33009 US

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: PHYLLIS FLAXMAN 04/08/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Change (X) Addition
Name: FLAXMAN, JEFFREY
Address: 5840 STIRLING ROAD
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: DTS ( ) Change (X) Addition
Name: FLAXMAN, PHYLLIS
Address: 5840 STIRLING ROAD
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS FLAXMAN DTS 04/08/2002
Electronic Signature of Signing Officer or Director Date