

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**  
 02-27-2002 90311 028 \*\*\*150.00

**DOCUMENT #** P99000096410  
 1. Entity Name  
**KRAH MEDICAL Corporation**

Principal Place of Business Mailing Address  
**Krah Medical Corp.** **Krah Medical Corp.**  
**6103 Deer Run** **6103 Deer Run**  
**Fort Myers, FL 33908** **Fort Myers, FL 33908**

2. Principal Place of Business 3. Mailing Address  
**Krah Medical Corp.** **Krah Medical Corp.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**6103 Deer Run** **6103 Deer Run**

City & State City & State  
**Fort Myers, FL** **Fort Myers, FL**  
 Zip Country Zip Country  
**33908** **USA** **33908** **USA**

4. FEI Number Applied For  
**59-3606920** Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

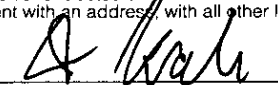
6. Name and Address of Current Registered Agent  
**Roller, Petra**  
**c/o Coast-To-Coast Realty**  
**11232 Tamiami Trail N**  
**Naples, FL 34110-1640**

7. Name and Address of New Registered Agent  
 Name  
**Dr. Rolf Krah**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6103 Deer Run**  
**Fort Myers**  
 City **Fort Myers, FL** Zip Code **33908**

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  **Dr. Rolf Krah** **02/12/2002**  
 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, 2001 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	DPVT Krah, Rolf Dr. 6103 Deer Run Fort Myers, FL 33908 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:**  **(Dr. ROLF KRAH)** **02/12/2002** **(941) 489-1020**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)