2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000102174 Aug 03, 2000 8:00 am Secretary of State 1. Entity Name TRAVMED DIAGNOSTICS, INC. 08-03-2000 90003 001 ***150.00 Principal Place of Business Mailing Address 17994 SW 97 AVE 17994 SW 97 AVE MIAMI FL 33157 **MIAMI FL 33157** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-1018606 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Iravi RYAN, DAVID P Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD STE 804 CORAL GABLES FL 33134 Miami 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. NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. President ☐ Change Addition TITLE ☐ Delete Lindsoy Travis NAME 17994 SW 97 AVE STREET ADDRESS STREET ADDRESS Miami, FL 33157 CITY-ST-ZIP CITY-ST-ZIP Vice President ☐ Delete Addition TITLE Lawrence R. Medearis NAME NAME 17994 SW 07 AVE STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP Miami, FL 33157 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Traumed Diagnostics, Inc. D00102174

17994 SW 97TH AVENUE MIAMI FL 33157 305.969.9011 FAX 305.969.9013

July 26, 2000 P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Attention: UBR

To Whom It May Concern:

This letter is to inform you that <u>Travmed Diagnostics</u>, <u>Inc.</u> did not receive the first issuance of the 2000 Uniform Business Report document due to an error at the local post office. In order to provide validation for this occurrence I have included the case number issued to my office by:

UNITED STATES POSTAL SERVICE 10360 SW 186TH ST MIAMI, FL 33197-9998

PHONE: 800-275-8777 FAX: 305-252-7527

The case number is as follows: **DE6516935**. Along with this letter I have included my payment of \$150.00, if you have any further questions please feel free to contact my office at the enclosed address and phone.

Sincerely,

Lindsay Travis
President
Travmed Diagnostics, Inc.