2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
08-03-2000 90003 001 ***150.00

DOCUMENT # P99000102174

1. Entity Name
TRAVMED DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
17994 SW 97 AVE MIAMI FL 33157	17994 SW 97 AVE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1018606 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, DAVID P
2655 LEJEUNE ROAD STE 804
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Lindsay Travis
Street Address (P.O. Box Number is Not Acceptable): 17994 SW 97 AVE
City: Miami FL Zip Code: 33157

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 [signature] President 7·19·00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Lindsay Travis		NAME		
STREET ADDRESS	17994 SW 97 AVE		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33157		CITY-ST-ZIP		
TITLE	Vice President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Lawrence R. Medearis		NAME		
STREET ADDRESS	17994 SW 97 AVE		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33157		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/00)

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: [signature] REQUIRED 7·19·00 305·969·9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment P99000102174

Travmed Diagnostics, Inc. D00076176

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 **Travmed Diagnostics, Inc**. 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.

17994 SW 97 AVENUE
MIAMI, FL 33157
305.969.9011
FAX 305.969.9013