

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90175 046 ***150.00

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DOCUMENT # P99000107811

1. Entity Name
LIFESTREAM MEDICAL CORPORATION

Principal Place of Business Mailing Address
6727 FAIRWAY COVE DRIVE 3838 COMMERCE LOOP
ORLANDO FL 32835 ORLANDO FL 32808

6 3 3 9 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3626454	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LONDO, MICHAEL J 6727 FAIRWAY COVE DRIVE ORLANDO FL 32835		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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D LONDO, MICHAEL J	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6727 FAIRWAY COVE DRIVE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32835		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **425-01** **407-445-0864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)