

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90141 003 \*\*\*150.00

**DOCUMENT # P99000111221**

1. Entity Name  
**CIRQUE MEDICAL, INCORPORATED**



Principal Place of Business  
**5865 SW 108TH STREET  
MIAMI FL 33156**

Mailing Address  
**5865 SW 108TH STREET  
MIAMI FL 33156**

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 **65-0972973**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONE, MARY A  
5865 SW 108TH STREET  
MIAMI FL 33156**

Name **LEONE, JAMES E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**SAME**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James E. Leone*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/28/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LEONE, JAMES E**  
STREET ADDRESS **5865 SW 108TH STREET**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T** ☒ Delete  
NAME **LEONE, MARY A**  
STREET ADDRESS **5865 SW 108TH STREET**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DYE, KENNETH R**  
STREET ADDRESS **13041 JAUPON PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEONE, BRUCE J**  
STREET ADDRESS **P.O. BOX 551391**  
CITY-ST-ZIP **JACKSONVILLE FL 32255-1391**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FINEGLASS, NEIL**  
STREET ADDRESS **752 SHIPWATCH DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **AGNEW, RICHARD C**  
STREET ADDRESS **3595 UNIVERSITY BLVD. S STE 602**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-667-5772**

CR2E034 (10/02)