

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S84797**

1. Entity Name

DEKA MEDICAL, INC.

Principal Place of Business

Mailing Address

**4820 EXECUTIVE PARK COURT
SUITE 110
JACKSONVILLE FL 32216
US**

**PO BOX 2426
COLUMBUS MS 39704-2426
US**

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

59-3088606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	VOUGHT, KIM	
STREET ADDRESS	168 ROSECREST LANE	
CITY-ST-ZIP	COLUMBUS MS 39701	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CAPOTO, TICO	
STREET ADDRESS	1200 SYCAMORE VIEW, SUITE 212	
CITY-ST-ZIP	MEMPHIS TN 38134	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	BELL, DUDLEY	
STREET ADDRESS	168 ROSECREST LANE	
CITY-ST-ZIP	COLUMBUS MS 39701	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BELL, DUDLEY	
STREET ADDRESS	168 ROSECREST LANE	
CITY-ST-ZIP	COLUMBUS MS 39701	
TITLE	S	<input type="checkbox"/> Delete
NAME	PASCHAL, PATTY	
STREET ADDRESS	168 ROSECREST LANE	
CITY-ST-ZIP	COLUMBUS MS 39701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4467 Chickasaw Road	
CITY-ST-ZIP	Memphis, TN 38117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patty Paschal
Patty Paschal

Date

1/10/2000

Daytime Phone #

662-327-9950

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90182 019 ***150.00

A0006882



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)