

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87058

1. Entity Name

KEY LARGO MEDICAL SYSTEMS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90072 031 ***150.00

Principal Place of Business

Mailing Address

PO BOX 27150
 PANAMA CITY FL 32411

6622 SOUTHPOINT DR S.
 STE 495
 JACKSONVILLE FL 32216-6188

2. Principal Place of Business

3. Mailing Address

19806 Panama City
 Suite, Apt. #, etc.
 Beach Parkway

Suite, Apt. #, etc.

City & State
 Panama City Beach, FL

City & State

Zip
 32413

Country
 USA

Zip

Country

4. FEI Number 59-3086881

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

DAN EDELMAN
 6622 SOUTHPOINT DR S.
 JACKSONVILLE FL 32202

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 D ☐ Delete
 NAME COLSON, ANITA
 STREET ADDRESS P O BOX 27150 N/A
 CITY-ST-ZIP PANAMA CITY FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS Post office Box 9073
 CITY-ST-ZIP Panama City Beach, FL 32417

TITLE D ☐ Delete
 NAME MASHEK, EDWARD
 STREET ADDRESS 8286 WESTERN WAY CIRCLE, SUITE 2-B
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7751 Belfort Parkway Suite 120
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ Delete
 NAME KRAMER, WALTER
 STREET ADDRESS 8286 WESTERN WAY CIRCLE, SUITE 2-B
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7751 Belfort Parkway Suite 120
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ Delete
 NAME COLSON, WILLIAM
 STREET ADDRESS P O BOX 27150 N/A
 CITY-ST-ZIP PANAMA CITY FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS Post office Box 9073
 CITY-ST-ZIP Panama City Beach, FL 32417

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

Daytime Phone #

CR2E034 (9/99)