

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V51736

FILED
Feb 25, 2003
Secretary of State

Entity Name: LCM MEDICAL, INC.

Current Principal Place of Business:

390 SW 12TH AVE
DEERFIELD BCH., FL 33442 US

New Principal Place of Business:

Current Mailing Address:

390 SW 12TH AVE
DEERFIELD BCH., FL 33442 US

New Mailing Address:

FEI Number: 65-0349500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINMAN, JAMES L
1825 S RIVERVIEW DR.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, LARRY W.,
Address: 1924 DAIRY RD.
City-St-Zip: MELBOURNE, FL

Title: V () Delete
Name: SANGREE, MARK
Address: 390 SW 12 AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SANGREE

V

02/25/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date