FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 07, 2002 8:00 am **DOCUMENT #** 576280 **Secretary of State** 1. Entity Name ₹ GEDDIS, INC. 01-07-2002 90003 032 ***150.00 Principal Place of Business Mailing Address 2221 PADDOCK CIRCLE 2221 PADDOCK CIRCLE **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1829262 Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEDDIS, DAVID B. Street Address (P.O. Box Number is Not Acceptable) 2221 PADDOCK CIRCLE **DUNEDIN FL 33528** City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE Change Addition GEDDIS, DAVID NAME 2221 PADDOCK CIRCLE STREET ADDRESS CR2E034 STREET ADDRESS DUNEDIN FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME GEDDIS, CHERYL NAME 2221 PADDOCK CIRCLE STREET ADDRESS STREET ADDRESS DUNEDIN FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ___ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

MEDICASOUDAVID B. GEDDIS JAN4, 2002 800-844-6792