2001 UNIFORM BUSINESS REPORT (UBR)

Mar 30, 2001 8:00 am Secretary of State **DOCUMENT # F52332** 1. Entity Name BERNARD A. PRUDENCIO, M.D., P.A. 03-30-2001 90330 050 ***155.00 Principal Place of Business Mailing Address 309 MAIN ST 309 MAIN ST PO BOX 619 PO BOX 619 WELAKA FL 32193-0619 WELAKA FL 32193-0619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2155593 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRUDENCIO, REBECCA Street Address (P.O. Box Number is Not Acceptable) INGRAHAM DR SATSUMA FL 32089 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Change TITLE ☐ Delete TITLE PRUDENCIO, BERNARD A NAME NAME INGRAHAM DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATSUMA FL STD ☐ Delete Change Addition PRUDENCIO, REBECCA NAME NAME STREET ADDRESS INGRAHAM DR STREET ADDRESS CITY-ST-ZIP SATSUMA FL CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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

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:

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3/28/2001

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Daytime Phone #