DOCUMENT # N26140 1. Entity Name JEFFERSON PARK PROFESSIONAL CENTER, INC.							FILED Jan 10, 2001 8:00 am Secretary of State				
Principal Plac	ce of Business		Mailing Address			01-10-2001 90145 018 ****61.25					
3015 N JEFFE SUITE D MARIANNA FL US	erson street . 32446		3015 N JEFFERSON STR SUITE D MARIANNA FL 32446 US	MARIANNA FL 32446			DO NOT WRITE IN THIS SPACE				
2. Principal P	Place of Busine	ss	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.								
City & State			City & State			4. FEI Number	59-2845835	-		plied For Applicable] .
Zip		Country	Zip	Country		5. Certificate of	Status Desired		75 Addi Required		
	6. Name a	and Address of Curre	ent Registered Agent			7. Name and A	ddress of New Re	gistered Agen	t]
						Name .					
PAYNE, R 3373 BEV	ROBERT W			Street A			ess (P.O. Box Number is Not Acceptable)				
	IA FL 32446										
					City	FL Zip Code					
8. The above	named entity	submits this statemen	it for the purpose of changing it	s register	t ed office or regist	ered agent, or both,	in the state of Florid	da.			1
SIGNATURE	Signature, typed on FILE N FEE IS S		gent and title if applicable. (NO 9. Election Campaig Trust Fund Contri	ın Financi	· _ \	.00 May Be led to Fees	Depa	Check Paya	able to State		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHAP	IGES TO OFFICERS] _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAYNE, RC 3373 BEVIA MARIANNA	A RD	☐ Delete		1				Change	Addition	CR2E037 (10/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL 3107 W 30 PANAMA C	TH COURT	☐ Delete	STR	EET ADDRESS -ST-ZIP	•	-	 	Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, SU 3373 BEVIA MARIANNA	ROAD	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Delete	- 6			•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			· • •		0	Change	☐ Addition	
indicated of the cor	I on this report rporation or the	or supplemental repo e receiver or trustee e	with this filing does not qualify for it is true and accurate and that impowered to execute this report is, with all other like empowered	my signa t as requi	ture shall have the	e same legal effect a	as if made under oa	ıtn: ınaı ı am aı	n omcer (or airector i	

Robert W. Payre, DAS

7.4.01 0... Daytime Phone #

850-526-2511

APARTY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: