2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90040 047 ****61.25

DOCUMENT # N99000006105

1. Entity Name

FLORIDA TISSUE SERVICES, INC.

Principal Place of Business	Mailing Address
6605 EAST BAY BLVD. GULF BREEZE FL 32561	6605 EAST BAY BLVD. GULF BREEZE FL 32561-9739

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
913 GULF BREEZE Pkwy.	913 Gulf BREEZE Pkwy
Suite, Apt. #, etc.: UNIT #8	Suite, Apt. #, etc.: UNIT #8
City & State: GULF BREEZE, FLORIDA	City & State: GULF BREEZE, FLORIDA
Zip: 32561 Country: USA	Zip: 32561 Country: USA

4. FEI Number: 59-3605624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANGHAM, DARICE
6605 EAST BAY BLVD.
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGHAM, DARICE 6605 EAST BAY BLVD. GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDALL THOMPSON, M.D. 3259 GULF BREEZE Pkwy UNIT 8 Gulf Breeze, Fl. 32561 MEDICAL DIRECTOR	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRSCH, JANE 174 SOLANO KCAY CIR. PONTE VEDRA BEACH FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOENIG, DEBBIE 2743 SUMMERTREE LANE GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HADDOCK, SUSAN 8116 POMPANO ST. NAVARRE FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darice Langham REQUIRED 3/19/00 850-916-3299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #