2005 FOR PROFIT CORPORATION

FILED Feb 07, 2005 8:00 am **Secretary of State** 02-07-2005 90053 046 ***150.00

DOCUMENT # P02000034492 1. Entity Name	
MARY K. FOREMAN, P.A.	
Principal Place of Business Mailing Address	
3651 CORTEZ ROAD WEST SUITE 400 - 3651 CORTEZ ROAD W	est suite 40 0
BRADENTON, FL 34210 BRADENTON, FL 3421	0
from the first of	•
Principal Place of Business Address Address	
ALOS CORTEZ RONNINESTI LOS CONTI	DAAS 11782

Suite, Apt. #, etc. 🚣 🚤 Suite, Apt. #, etc. -Chg-P 02022005 CR2E034 (10/03) City & State City & State 4 FEI Number Applied For 33-0999534 RRADELTOI BRADELITON Not Applicable Country Country Zip* Zip \$8.75 Additional 5. Certificate of Status Desired 34<u>2-10</u> <u>34210</u> Fee Required MANATEE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOREMAN, MARY K Street Address (P.O. Box Number is Not Acceptable) 3651 CORTEZ ROAD WEST SUITE 400 BRADENTON, FL 34210 BRADENTON 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE -\$5.00 May Be _9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 □ · Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPST** Delete Change | ☐ Addition TITLE TITLE FOREMAN, MARY K NAME NAME STREET ADDRESS 3651 CORTEZ ROAD WEST SUITE 400 STREET ADDRESS 6695 CONTEZ 2012 west BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP J' WW. Uve Delete ** • No TITLE . . ☐ Change ☐ Addition NAME 27 5 51 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 it 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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered. MALY IL FOREMAN

SIGNATURE: