2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90118 010 ***150.00

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DOCUMENT # P98000072631

1. Entity Name
A & G ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9800 EAST BAYMEADOWS DRIVE INVERNESS FL 34450	9800 EAST BAYMEADOWS DRIVE INVERNESS FL 34450

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7750 E. Misty Lane	7750 E. Misty Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INVERNESS FL	City & State: INVERNESS FL
Zip: 34450 Country:	Zip: 34450 Country:

4. FEI Number 59-3529104 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILLIKIN, SHEILA 9800 EAST BAYMEADOWS DRIVE INVERNESS FL 34450	Name Street Address (P.O. Box Number is Not Acceptable) 7750 E. Misty Lane City INVERNESS FL Zip Code 34450

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIKIN, SHEILA M.D. 9800 EAST BAYMEADOWS DRIVE INVERNESS FL 34450 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7750 E. Misty Lane INVERNESS, FL. 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABADIER, RAFIK M.D. 9800 EAST BAYMEADOWS DRIVE INVERNESS FL 34450 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7750 E. Misty Lane INVERNESS, FL. 34450
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: ✓ [signature] SHEILA GILLIKIN 4/12/03 ✓ 352 637 4684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)