2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000032358 May 15, 2000 8:00 am Secretary of State 1. Entity Name JENNIFER G. COLSON RN, PA 02-28-2000 90006 047 ***150.00 Principal Place of Business Mailing Address 1505 ROSADA WAY 1505 ROSADA WAY FT. MYERS FL 33901 FT. MYERS FL 33928-2369 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-6916404 Not Applicable Zip Country Žio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONN-1 ER COLSON, JENNIFER G Street Address (P.O. Box Number is Not Acceptable)
12630 EOUSTRIAN CIRCLE # 1808 1505 ROSADA WAY FT. MYERS FL 33901 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. 3-22-00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 18. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box 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. **PVST** Delnte TITLE CERIC. Jamifor t. CACLE 4 1808 CR2E034 (9/99) TIME COLSON, JENNIFER G NAME NAME STREET ADDRESS 1505 ROSADA WAY STREET ADDRESS CITY-SI-ZIP FT. MYERS FL 33901 CITY-ST-ZIP Delete TITLE COLSON, JENNIFER NAME NAME 1505 ROSADA WAY STREET ADDRESS STREET ADDRESS FT. MYERS FL 33901 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE - 🔲 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe Addition ☐ Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE 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.