2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90373 001 ***750.00

DOCUMENT # V36254

1. Entity Name
GREEN CLINIC, INC.

Principal Place of Business	Mailing Address
306 S TENTH ST HAINES CITY FL 33844	5811 PELICAN BAY BLVD. SUITE 500 NAPLES FL 33963

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5811 Pelican Bay Blvd., Suite 500	
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.
City & State: Naples, FL [illegible]	City & State
Zip: 34108-2710 Country:	Zip: 34108-2710 Country:

4. FEI Number 59-3129590 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 33324-4413

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

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	SVD PARRY, TIMOTHY R 5811 PELICAN BAY BLVD., SUITE 500 NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/S/D 34108-2710	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VUMBACCO, JOSEPH V 5811 PELICAN BAY BLVD., SUITE 500 NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/CEO/D 34108-2710	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD FARNHAM, ROBERT E 5811 PELICAN BAY BLVD., SUITE 500 NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/T/D 34108-2710	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Peter M. Lawson 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108-2710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Jon P. Vollmer 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108-2710	☐ Change ☒ Addition
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: Timothy R. Parry [illegible] Timothy R. Parry Senior Vice President 3/21/03 (239) 598-3176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)