2007 FOR PROFIT CORPORATION

FILED Feb 08, 2007 08:00 A Secretary of State

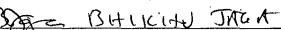
	HOVE VELOVI	•	•	TCU	∪∪,	$\mathbf{O}^{\bullet \gamma}$
DOCUMENT # P050 1. Entity Name SEEMA OF PENSACOLA II	A 100 CE			ecretary of		
Principal Place of Business 4126 MOBILE HIGHWAY PENSACOLA, FL 32506	Mailing Address 4126 MOBILE HIGH PENSACOLA, FL 3:		1 1853/834 /	# 1221 BIN 2811 8911 8911	HIND AND AND HOSPINAL WITH HIND	II
DO NOT W	RITE IN THIS	SPACE	01162007 4. FEI Numb 20-376	No Chg-P eer 68073 -	CR2E034 (11/05) Applied F Not Appli S8.75 Additional Fee Required	
JAGA; BHIKHU 4126 MOBILE HIGHWAY PENSACOLA, FL 32506 IV ik 8. The above named entity submits this the obligations of registered agent. SIGNATURE		·	in "	NOT WE	ACE	cept
FILE NOWIII FEE IS \$1 After May 1, 2007 Fee will	9. Election Can	(NOTE: Registered Agent signature mpaign Financing Contribution.	\$5.00 May Be Added to Fees		DATE	
TITLE PRES NAME JAGA. BHIKHU STREET ADDRESS CITY ST-ZIP PENSACOLA, FL 325 TITLE SECT JAGA, BHIKHU STREET ADDRESS 4126 MOBILE HIGHW JAGA, BHIKHU STREET ADDRESS CITY ST-ZIP PENSACOLA, FL 325 TITLE NAME	/AY			00000 02/15/07	0627050 -80047-001 150 -6004	1.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				NOT WE	•	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 path; 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP



5 Feb 0

Daylime Phone #