FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State
07-09-2003 90037 018 ***150.00

DOCUMENT # P98000008210.

1. Entity Name
MEDERO MEDICAL HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1109 S.W. 10th STREET	1109 S.W. 10th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34474 Country: USA.	Zip: 34474 Country: USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 3491873 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIO MEDERO, M.D.

Street Address (P.O. Box Number is Not Acceptable): 1109 S.W. 10th STREET

City: OCALA **FL** Zip Code: 34474

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)

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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

TITLE P NAME MARIO MEDERO, M.D. STREET ADDRESS 1109 S.W. 10th STREET CITY-ST-ZIP OCALA, FL 34474.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D. NAME COOKIE DOMINIE STREET ADDRESS 1109 S.W. 10th STREET CITY-ST-ZIP OCALA, FL 34474.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME EDWARD DEMMI, M.D. STREET ADDRESS 1109 S.W. 10th STREET CITY-ST-ZIP OCALA, FL 34474.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William I. Peter Williams. 7/8/03. 3526293455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #