2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # 485263 03-25-2002 90196 005 ***150.00 1. Entity Name GEORGE C. SCHWARZ M.D., P.A. Principal Place of Business Mailing Address 3617 CROWN PT RD STE 5 3617 CROWN PT RD STE 5 JACKSONVILLE FL 32257-5931 JACKSONVILLE FL 32257-5931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1623904 Not Applicable Country Zip Country Zip \$8.75 Additional 5._Certificate_of,Status,Desired_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHWARZ EVA-MARIA Street Address (P.O. Box Number is Not Acceptable) 13020 FERN BANK LANE JACKSONVILLE FL 32223 Zip Code 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. (NOTE: Registered Agent signature required when reinstating). FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee, will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition TITLE ☐ Dalete TITLE SCHWARZ, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 13020 FERN BANK LANE CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Change TITLE Delete ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-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 of 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 atlachment with an address, with all other like empowered.

FILED