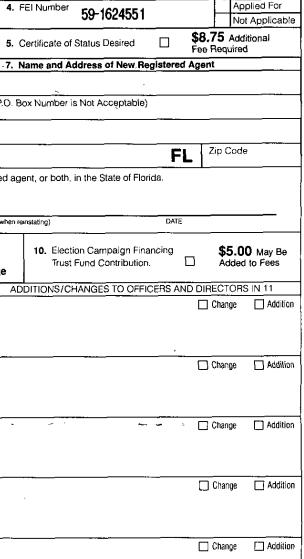
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **486989** MICHAEL M. MICHAELS, M.D., A PROFESSIONAL ASSOCI Principal Place of Business Mailing Address PUTNAM MEDICAL ARTS BLDG., SUITE 4 PUTNAM MEDICAL ARTS BLDG., SUITE 4 700 ZEAGLER DRIVE 700 ZEAGLER DRIVE PALATKA FL 32177 PALATKA FL 32177-6806 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-1624551 Country Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name CLARK, RONALD E Street Address (P.O. Box Number is Not Acceptable) **501 ST JOHNS AVENUE** PALATKA FL 32177 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State

FILED Jan 12, 2000 8:00 am Secretary of State

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13. I hereby certify that the information supplied with this filling 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 in 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 12 in 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 12 in 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 12 in 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 12 in 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 12 in 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 12 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver o changed, or on an attachment with an address, with all other like empowered

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SIGNATURE: SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICERS AND DIRECTORS

11.

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CLARK, RONALD E

PALATKA, FL 00000

501 ST JOHNS AVENUE

MICHAELS, MICHAEL M

700 ZEAGLER DRIVE

PALATKA, FL 00000

MICHAELS DEBRA A

700 ZEAGLER DR

PALATKA FL 32177

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Addition