2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 512932 Jan 24, 2000 8:00 am 1. Entity Name Secretary of State H. FREDERICK KEIBER, M.D., P.A. 01-24-2000 90026 007 ***150.00 Principal Place of Business Mailing Address 3601 S HIGHLANDS AVE 3601 S HIGHLANDS AVE SEBRING FL 33870-5418 SEBRING FL 33870 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1690490 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name KEIBER, H. FREDERICK Street Address (P.O. Box Number is Not Acceptable) 3601 S HIGHLANDS AVE SEBRING FL 33870 Zip Code City 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. ired when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE (\$ \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee with be \$550.00 Tax filing 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 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE KEIBER, H. FREDERICK NAME NAME STREET ADDRESS STREET ADDRESS 2529 N.E. LAKEVIEW CITY-ST-ZIP CITY-ST-ZIP SEBRING FL ☐ Addition ST ☐ Delete TITLE ☐ Change TITLE NAME KEIBER.SHARON G. NAME STREET ADDRESS STREET ADDRESS 2529 NE LAKEVIEW CITY-ST-ZIP CITY-ST-ZIP SEBRING FL Change ☐ Addition ~ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 S6338