2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # 546498** Aug 15, 2000 8:00 am Secretary of State 1. Entity Name TED J. CARSON, M.D., P.A. 08-15-2000 90009 041 \*\*\*550.00 Principal Place of Business Mailing Address 1820 E. COMMERCIAL BLVD. 1820 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 UAAIMOOO 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1776456 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARSON, TED J. Street Address (P.O. Box Number is Not Acceptable) 1820 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308 Zip Code 8. The above ng priits this statement for the parpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Atter SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change ☐ Delete TITLE TITLE CARSON, TED J. NAME NAME STREET ADDRESS STREET ADDRESS 939 HILLSBOROUGH MILE CITY-ST-ZIP CITY-ST-7IP POMPANO BCH FL ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY:STTZIP CITY-ST-ZIP TITI F Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete 18 18 18 W NAME : - + NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY STATIP

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-00

754-0191