2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 570893** Apr 04, 2000 8:00 am Secretary of State CHARLES L. CUSUMANO, M.D., P.A. 04-04-2000 90094 032 ***150.00 Principal Place of Business Mailing Address 6831 NW 11TH PL. #1 6831 NW 11TH PL. #1 GAINESVILLE FL 32605-4216 GAINESVILLE FL 32605-4259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1814413 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSUMANO, CHARLES L, MD, PA Street Address (P.O. Box Number is Not Acceptable) 6831 NW 11TH PL. #1 GAINESVILLE FL Zip Code FL ibmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named ent. SIGNATURE DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. Delete ☐ Addition TITLE TITLE CUSUMANO, CHARLES L NAME NAME STREET ADDRESS STREET ADDRESS 6831 N.W. 11TH PLACE,#1 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL Addition Change ☐ Delete TITLE TITLE NAME CUSUMANO, JO ANN D. NAME STREET ADDRESS STREET ADDRESS 6831 NW 11TH PLACE, #1 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Delete ☐ Change ☐ Addition TITLE 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 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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 CITY-ST-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 or the receiver of truefee 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #