2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 601005** REHABILITATION AND ELECTRODIAGNOSTICS PROFESSION 02-06-2001 90034 016 ***150.00 Principal Place of Business Mailing Address 2914 N. BLVD. 2914 N. BLVD. TAMPA FL: 33602 **TAMPA FL 33602** DAATMAINI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1262282 Not Applicable Zip Country Zip 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 Name PARADA, JAIRO O. Street Address (P.O. Box Number is Not Acceptable) 2914 N BLVD **TAMPA FL 33602** Zip Code City FL 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Change TITLE ☐ Delete TITLE PARADA, JAIRO O. NAME NAME STREET ADDRESS 2914 NORTH BOULEVARD STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP VD. Change ☐ Delete TITLE TITLE BATAS, VENERANDO I. NAME NAME 2914 NORTH BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete

☐ Addition ☐ Addition PATTERSON, JAMES R. NAME NAME 2914 NORTH BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE COOPER, JEFFREY D NAME NAME 2914 NORTH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP Change TIT! F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an addres

CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Addition