2003 FOR PROFIT CORPORATION

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR**) **Secretary of State** 602164 DOCUMENT # 01-23-2003 90193 014 ***150.00 1. Entity Name GERALD FRIEDMAN, D.O., P.A. Principal Place of Business Mailing Address C/O DR. GERALD FRIEDMAN C/O DR. GERALD FRIEDMAN 1945 EAST BAY DRIVE 1945 EAST BAY DRIVE LARGO FL 33771 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. □ CHECK HERE IF MAKING CHANGES. 4. FEI Number 59-1297583 City & State City & State Applied For 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 FRIEDMAN, GERALD Street Address (P.O. Box Number is Not Acceptable) 1945 EAST BAY DRIVE **LARGO FL 33771** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Äfter May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition FRIEDMAN, GERALD NAME NAME 1945 EAST BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition BRANDENBURG, JACK NAME NAME STREET ADDRESS 37 BAYMONT AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-S1-ZIP SD ☐ Addition TITLE ☐ Delete TITLE Change PETTINA, SAM NAME NAME STREET ADDRESS STREET ADDRESS 2499 E BAY. DRIVE CHY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

FILED