| Signature typed or printed investment of registered ageneration the if applicable         (NOTE: Registered ageneration ageneration)         DATE           c:         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.           Le         T         DELETE         11 ITLE         DELETE         Addition           ME         BENCOMO (LUIS E.), M.D.         13 STREET ADDRESS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.           V:51-2P         TAMPA FL         13 STREET ADDRESS         13.         Change         Addition           V:51-2P         TAMPA FL         14 OTV: ST-2P         Change         Addition           V:51-2P         TAMPA FL         21 NMME         Change         Addition           WE         CAPOTE, JORGE         21 NMME         21 NMME         Change         Addition           WE         CAPOTE, JORGE         23 STREET ADDRESS         24 CTV: ST-2P         Change         Addition           V:51-2P         TAMPA FL         0 ELETE         31 TITLE         0 Change         Addition           WE         BENCOMO, (LUIS E.), M.D.         22 NAME         33 STREET ADDRESS         4160 N. ARMENIA         33 STREET ADDRESS         4160 N. ARMENIA         33 STREET ADDRESS         42 NAME         42 NAME <th>COF<br/>ANNI</th> <th>PROFIT<br/>RPORATION<br/>UAL REPORT<br/>1998</th> <th>Sendra I<br/>Secreta</th> <th>IS \$550.00<br/>RTMENT OF STATE<br/>B. Mortham<br/>ary of State<br/>CORPORATIONS</th> <th>Mar 23 1<br/>Secretar</th> <th></th> <th></th>   | COF<br>ANNI  | PROFIT<br>RPORATION<br>UAL REPORT<br>1998  | Sendra I<br>Secreta  | IS \$550.00<br>RTMENT OF STATE<br>B. Mortham<br>ary of State<br>CORPORATIONS  | Mar 23 1<br>Secretar                       |  |   |
|--|--|--|--|---|--|--|---|
| AMPA FL 3507     TAMPA FL 3507       Principal Place of Business     2.8. Maling Address       Principal Place of Business     2.8. Maling Address       Solie, Apt #, etc.     Solie, Apt #, etc.       Solie, Apt #, etc.     Solie, Apt #, etc.       Crify & State     Crify & State       Crify & State     Country       2.9     Country <t< th=""><th>LUIS E</th><th>BENCOMO, M.D., P.A.</th><th></th><th></th><th></th><th></th><th></th></t<>   | LUIS E   | BENCOMO, M.D., P.A.  |  |   |  |  |   |
| Principal Place of Business     28.     Maling Address     4.     Coll Munitor     Applied 10       Suite, Apil #, etc.     29.     Suite, Apil #, etc.     50.1505581     Inot Applied       Cry & State     29.     State     50.000, My, De     State     50.000, My, De       Cry & State     29.     Country     29.     State     50.000, My, De       Zo     20.     Country     29.     Country     8.     Crit A State       Zo     20.     Country     29.     Country     8.     Crit A State     Crit A State     10. Name and Address of Name Description owns or Name Descript   |  |  |  | Suite B   |  | E IN THIS SPACE  |   |
| Bet         Sp-1509581         fbr Applied           City & State         21         S. Contridues of Status Desired         \$8.75 Additional<br>res Required           City & State         21         S. Contridues of Status Desired         \$8.75 Additional<br>res Required           Zip         22         Country         8. Excertification         Added to Free           Zip         20         Country         8. This opposite onces of heap paid the current year Internation         Added to Free           Zip         20         Country         8. This opposite onces of heap paid the current year Internation         %           Mark and Address of Current Registered Agent         9         Name and Address of Name Registered Agent         9           BENCOMO, LUIS E.         9         Name and Address of Current Registered Agent         9         Name and Address of Name Registered Agent           BENCOMO, LUIS E.         9         Name and Address of Current Registered Agent         9         Name and Address of Name Registered Agent           Suite April 2         Street Address (PC. Box Number is Not Acceptable)         Street Address (PC. Box Number is Not Acceptable)         Street Address (PC. Box Number is Not Acceptable)           Suite April 2         City & City         FEL         85         20         Control the registered Agent agent and Address (PC. Box Number is Not Acceptable)  |  |  |  |   | 02/04/1974                                 |  |   |
| Suite. Apt. #, etc.       Suite. Apt. #, etc.       Suite. Apt. #, etc.       S. Cartificatio of Status Desired       \$   | Principal P  | Place of Business  |  |   |  | -  | ╺─╃╍╧╧───────   |
| City & State     City & State     Eity & State     Added to Pees       Zo     Zo     Zo     Zo     State     Trust Fund Controlution     Added to Pees       Zo     Zo     Zo     Zo     State     Trust Fund Controlution     Added to Pees       BENCOMO, LUIS E.     30     Personal Property Tax Clau Jung 30.     Yes     Intel Controlution     Yes     Intel Controlution       4100 N AnkEtNA AVE<br>SUITE B<br>TAMPA FL 33607     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       80     Tambard Address of Continue GO Mark Control Contro Control Control Control Control Control Contro   | Suite, Apt.  | #, elc.  | Suite, Apt #, etc.   |   |  |  | 75 Additional   |
| Zip     Country     Zip     Country     R. The corporation ownes or has paid the current year intengible<br>Percent Property Tax due June 30.     Proc. None and Address of Nav Registered Agent       BENCOMO, LUIS E.<br>4100 N AMERIA AVE<br>SUITE B<br>TAMPA FL 33807     61     Name     Address of Nav Registered Agent       B2     Street Address (P.O. Box Number is Not Acceptable)     82       In Proceeding and the current year intengible<br>office or registered agent.     81       Amended address (P.O. Box Number is Not Acceptable)     83       B4     City     FL       B5     Country     FL       B6     City     FL       B7     State of Tords     State of Tords       B6     City     FL       B7     State of Tords     State of Tords       B6     City     FL       B7     State of Tords     State of Tords       B6     City     FL     Balance       B7     Control the oblighter of State of Tords     State of Tords       B7     Control the oblighter of State of Tords     State of Tords       B7     Control the oblighter of State of Tords     State of Tords       B7     Control the oblighter of State of Tords     State of Tords       B7     Control the oblighter of State of Tords     State of Tords       B7     OfFFICITS AND DIRECTORS </td <td>City &amp; Stat</td> <td>e</td> <td></td> <td>······································</td> <td>6. Election Campaign Financing</td> <td>\$5</td> <td>5.00 May Be</td>  | City & Stat  | e  |  | ······································  | 6. Election Campaign Financing             | \$5  | 5.00 May Be   |
| action     action <td>Zip</td> <td>Country</td> <td></td> <td>Country</td> <td></td> <td></td> <td></td>   | Zip  | Country  |  | Country   |  |  |   |
| BENCOMO, LUIS E.<br>4100 N ARMENIA AVE<br>SUITE B<br>TAMPA FL 33607     1     Name       62     Street Address (P.O. Box Number is Not Acceptable)       83     4       64     City       7     FL     65       7     State B<br>TAMPA FL 33607       83     44       64     City       65     Street Address (P.O. Box Number is Not Acceptable)       83     44       64     City       7     FL       85     Street Address (P.O. Box Number is Not Acceptable)       86     City       87     FL       88     City       89     City       80     City       81     City       81     City <t< td=""><td></td><td></td><td>مرجعه والمستجد والمستجد والتساوي والمستجد</td><td>30</td><td>Personal Property Tax due June</td><td>30. 🗍 Yes</td><td></td></t<>  |  |  | مرجعه والمستجد والمستجد والتساوي والمستجد  | 30  | Personal Property Tax due June             | 30. 🗍 Yes  |   |
| 4100 N APMENIA AVE<br>SUITE B<br>TAMPA FL 33807                92             Street Address (P.O. Box Number is Not Acceptable)               93             City             FL             83               94             City             FL             83               94             City             FL             83               94             City             FL             83               94             City             FL             83             Zity Code               94             City             FL             85             Zity Code               94             OFFICERS AND DIRECTORS             13             Titte Code             ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12               94             DELETE             10ELETE             11111E             Change   | BE   |  |  | 81 Name   | IV. Name and Address of New Ad             | giaterou Agent   |   |
| TAMPA FL 33607     B3       Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I and family with, and accept the obligations of Section 607 0505. Florids Statutes.       SNATURE     Suprove treat or purchased agent of the obligations of Section 607 0505. Florids Statutes.       SNATURE     Suprove treat or purchased agent of the obligations of Section 607 0505. Florids Statutes.       SNATURE     Suprove treat or purchased agent in the florids. Such a Diversity of the obligations of Section 607 0505. Florids Statutes.       SNATURE     Suprove treat or purchased agent in the florid statute.       SNATURE     Suprove treat or purchased agent in the florid statute.       SNATURE     OFFICERS AND DIRECTORS       13     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       14     T       15     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       14     TAMPA FL       15     DELETE       21     TAMPA FL       22     NAME       23     Suprove treat or purchased agent in the florid statutes.       33     TAMPA FL       24     DELETE       25.2P     TAMPA FL       26     D       27.2P     TAMPA FL       28     Suprove treat agent  | 416  | 30 N ARMENIA AVE   |  | 82 Street Add   | fress (P.O. Box Number is Not Acceptat     | ole)   | n <u></u>   |
| Additive     Aportage   |  |  |  | 83  | <u> </u>                                   |  |   |
| Pursuant to the provisions of Sections 607 0002 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SNATURE Suprave typest of print of its registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SNATURE Suprave typest of print of its registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SNATURE Suprave typest of print of its registered agent statutes.  OFFICERS AND DIRECTORS  13. ADD/TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS  14. The DENCOMO (LUIS E.), M.D.  4 Son ARMENIA  4 Son ARMENIA  4 Son ARMENIA  4 Son ARMENIA  5 Son C DORGE  5 Son C DELETE  5 TAMPA FL  6 PD  6 CAPOTE, JORGE  7 ST-2P  7 AMPA FL  6 C DELETE  7 Son  |  |  |  |   |  |  |   |
| office or registered agent, an induced to both, in the State of Florida, Such change was sutherized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of. Science 802.055. Fonds Statutes.         GNATURE       Signature spent or provide agent is of the # spectrate.         Signature spent or provide agent is of the # spectrate.       INOTE Registered Agent is grature required when rendating.)       DATE         Signature spent or provide agent is of the # spectrate.       INOTE Registered Agent is grature required when rendating.)       DATE   |  |  |  | 84 City   |  | 85   | Zip Code  |
| Stynuture trade or produced ageneration and the Reprimative       (NOTE Replaned Ageneration required with restating)       DATE         c       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         LE       T       DELETE       11 ITLE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         ME       BENCOMO (LUIS E.), M.D.       13 STREFADORESS       13 STREFADORESS         V.S.Z.W       TAMPA FL       13 STREFADORESS       13 STREFADORESS         V.S.Z.W       DELETE       21 TITLE       23 NAME         V.S.Z.W       DELETE       21 TITLE       14 dotters.         V.S.Z.W       DELETE       23 NAME       23 NAME         V.S.Z.W       DELETE       31 TITLE       23 NAME         V.S.Z.W       DELETE       31 TITLE       23 NAME         V.S.Z.W       DELETE       31 TITLE       24 NAME         V.  | . Pursuant   | to the provisions of Sections 607.05   | 02 and 607.1508. Florida Statul  | tes, the above-named cor  | poration submits this statement for the p  | FL   | no its registered   |
| LE       T       DELETE       11 TITLE       Deletete       Deletete       11 TITLE         MEE       BENCOMO (LUIS E.), M.D.       13 STREET ADDRESS       13 STREET ADDRESS       13 STREET ADDRESS         VS - ZW       TAMPA FL       14 COTY-ST-ZW       Change       Additiv         VE       SD       DELETE       21 TITLE       Change       Additiv         VS - ZW       TAMPA FL       21 TITLE       Change       Additiv         VS - ZW       TAMPA FL       21 TITLE       Change       Additiv         VS - ZW       TAMPA FL       21 TITLE       Change       Additiv         VS - ZW       TAMPA FL       21 TITLE       Change       Additiv         VS - ZW       TAMPA FL       21 TITLE       Change       Additiv         VS - ZW       TAMPA FL       21 TITLE       Change       Additiv         VS - ZW       TAMPA FL       22 NAME       32 NEET ADDRESS       Additiv         VS - ZW       TAMPA FL       22 NAME       33 STREET ADDRESS       Additiv         VS - ZW       TAMPA FL       DELETE       31 TITLE       Change       Additiv         VS - ZW       TAMPA FL       DELETE       51 TITLE       Change       Additiv <td>office or r<br/>agent. I a<br/>GNATURE</td> <td>registered agent, or both, in the Stat<br/>im familiar with, and accept the oblig</td> <td>le of Florida, Such change was<br/>gations of, Section 607.0505, Fi</td> <td>tes, the above-named cor<br/>authorized by the corpora<br/>orida Statutes.</td> <td>ation's board of directors. I hereby acce</td> <td>FL</td> <td>no its registered</td>   | office or r<br>agent. I a<br>GNATURE   | registered agent, or both, in the Stat<br>im familiar with, and accept the oblig   | le of Florida, Such change was<br>gations of, Section 607.0505, Fi   | tes, the above-named cor<br>authorized by the corpora<br>orida Statutes.  | ation's board of directors. I hereby acce  | FL   | no its registered   |
| NEET ADDRESS       4160 N. ARMENIA       13 STREET ADDRESS         Y-ST-ZIP       14 CITY-ST-ZIP         EE       SD       DELETE         SD       DELETE       21 TITLE         V-ST-ZIP       DELETE       21 TITLE         V-ST-ZIP       DELETE       21 TITLE         V-ST-ZIP       TAMPA FL       Image: CAPOTE JORGE         S124 RESEDA CT       23 STREET ADDRESS         Y-ST-ZIP       TAMPA FL       Image: Change         V-ST-ZIP       TAMPA FL       Image: Change         V-ST-ZIP       TAMPA FL       Image: Change         V-ST-ZIP       Image: Change       Addition         WE       BEINCOMO, (LUIS E.), M.D.       32 ISTREET ADDRESS         V-ST-ZIP       Image: Change       Addition         WE       BEINCOMO, (LUIS E.), M.D.       32 ISTREET ADDRESS         V-ST-ZIP       Image: Change       Addition         V-ST-ZIP       Image: Change: Change   | office or r<br>agent. I a<br>GNATURE   | registered agent, or both, in the Stat<br>im familiar with, and accept the oblig<br>Stonature, typed or printed name of registered a   | te of Florida Such change was<br>gations of Section 607.0505, Flo<br>gent and title if applicable (NO1   | tes, the above-named con<br>authorized by the corpora<br>orida Statutes.<br>E. Registered Agent signature requ  | ation's board of directors.   hereby accep | Durpose of change<br>of the appointme  | ging its registered   |
| Y-S1-2IP       TAMPA FL       14 CITY-S1-2IP         LE       SO       DELETE       21 TITLE         WE       CAPOTE, JORGE       22 NAME         WE ADDRESS       3124 RESEDA CT       23 SIRRET ADDRESS         Y-S1-2IP       TAMPA FL       24 CITY-S1-2IP         LE       PD       DELETE       31 TITLE         VE       PD       DELETE       31 TITLE         LE       PD       DELETE       31 TITLE         VE       AMPA FL       24 CITY-S1-2IP         LE       PD       DELETE       31 TITLE         VE       BENCOMO, (LUIS E.), M.D.       32 NAME         VE ADDRESS       4160 N. ARMENIA       33 STREET ADDRESS         VF ST-2IP       At CITY-S1-2IP       Change       Addition         VE       DELETE       41 TITLE       Change       Addition         VE       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         VE-S1-2IP       ACITY-S1-2IP       Chan   | office or r<br>agent. I a<br>GNATURE   | registered agent, or both, in the Stat<br>im familiar with, and accept the oblig<br>Signature, typed or printed name of registered a<br>OFFICERS At  | le of Florida, Such change was,<br>gations of, Section 607,0505, Flo<br>gent and title if applicable (NOT<br>ND DIRECTORS  | tes, the above-named con<br>authorized by the corpora<br>orida Statutes.<br>(E. Registered Agent signature requ<br>13.  | ation's board of directors.   hereby accep | DATE   | ing its registered<br>int as registered<br>CTORS IN 12                  |
| E       SD       DELETE       21 TITLE       Change       Addition         AE       CAPOTE, JORGE       23 StreEt ADDRESS       23 StreEt ADDRESS         Y-ST-2P       TAMPA FL       24 CITY-ST-2IP       Change       Addition         AE       PD       DELETE       31 TITLE       Change       Addition         AE       PD       DELETE       31 TITLE       Change       Addition         AE       BENCOMO, (LUIS E.), M.D.       32 NAME       33 StrEET ADDRESS       Addition         Ar-ST-2P       TAMPA FL       34 CITY-ST-2IP       Change       Addition         AE       DELETE       31 TITLE       Change       Addition         AFE       DELETE       31 TITLE       Change       Addition         AFE       DELETE       33 StrEET ADDRESS       Addition       Addition         AFE       DELETE       41 TITLE       Change       Addition         AFE       DELETE       51 TITLE       Change       Addition         AFE       DELETE       41 CITY-ST-ZIP       Change       Addition         AFE       DELETE       51 TITLE       Change       Addition         AFE       Sa StrEET ADDRESS       Sa StrEET ADDRESS  | office or r<br>agent. I a<br>GNATURE   | registered agent, or both, in the Stat<br>im familiar with, and accept the oblig<br>Signature, typed or printed name of registered a<br>OFFICERS Af<br>T<br>BENCOMO (LUIS E.), M.D.  | le of Florida, Such change was,<br>gations of, Section 607,0505, Flo<br>gent and title if applicable (NOT<br>ND DIRECTORS  | tes, the above-named con<br>authorized by the corpora<br>orida Statutes.<br>IE Registered Agent signature requ<br>13.<br>1.1 TITLE<br>1.2 NAME  | ation's board of directors.   hereby accep | DATE   | ing its registered<br>int as registered<br>CTORS IN 12                  |
| EEF ADDRESS       3124 RESEDA CT       2.3 STREET ADDRESS         r-ST-ZP       TAMPA FL       2.4 CITY-ST-ZIP         E       PD       DELETE       3.1 TITLE         ARE       BENCOMO, (LUIS E.), M.D.       32 NAME         4160 N. ARMENIA       33 STREET ADDRESS         r-ST-ZP       TAMPA FL       Change         At COTY-ST-ZIP       3.1 TITLE         At COTY-ST-ZIP       Addition         r-ST-ZP       TAMPA FL         EE       DELETE         At COTY-ST-ZIP       Change         At COTY-ST-ZIP       Change         Addition       Addition         AC       STREET ADDRESS         r-ST-ZP       Addition         Change       Addition         At COTY-ST-ZIP       Change         Addition       Addition         AE       STREET ADDRESS         r-ST-ZIP       Addition         Change       Addition         AE       STREET ADDRESS         r-ST-ZIP       Change         Change       Addition         ST-ZIP       Change         Change       Addition         ST-ZIP       Change         Change       Addition<  | office or r<br>agent. I a<br>GNATURE<br>   | registered agent, or both, in the Stat<br>im familiar with, and accept the oblig<br>Signature, typed or printed name of registered a<br>OFFICERS At<br>BENCOMO (LUIS E.), M.D.<br>4160 N. ARMENIA  | le of Florida, Such change was,<br>gations of, Section 607,0505, Flo<br>gent and title if applicable (NOT<br>ND DIRECTORS  | tes, the above-named con<br>authorized by the corpora<br>orida Statutes.<br>I. Registered Apent signature requ<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS  | ation's board of directors.   hereby accep | DATE   | ing its registered<br>int as registered<br>CTORS IN 12                  |
| Yr-ST-ZIP       TAMPA FL       2.4 CITY-ST-ZIP         LE       PD       DELETE       3.1 TITLE       Change       Addition         ARE       BEINCOMO, (LUIS E.), M.D.       3.2 NAME       3.3 STRET ADDRESS       4.60 N. ARMENIA       3.3 STRET ADDRESS         4: FST-ZIP       TAMPA FL       3.4 CITY-ST-ZIP   | office or r<br>agent. I a<br>GNATURE<br>LE<br>ME<br>LEET ADDRESS<br>Y-ST-ZIP   | registered agent, or both, in the Stat<br>im familiar with, and accept the oblig<br>Signature, typed or printed name of registered a<br>OFFICERS Af<br>BENCOMO (LUIS E.), M.D.<br>4160 N. ARMENIA<br>TAMPA FL<br>SD  | le of Florida Such change was<br>gations of Section 607.0505, Flo<br>gent and the if applicable (NO)<br>ND DIRECTORS   | tes, the above-named con<br>authorized by the corpora<br>orida Statutes.<br>IE Registered Agent signature requ<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   | ation's board of directors.   hereby accep | PL<br>Durpose of chang<br>pt the appointme<br>DATE<br>CERS AND DIRE<br>CRS AND DIRE                        | ing its registered<br>int as registered<br>CTORS IN 12<br>ange          |
| E PD DELETE 11 TITLE Change Addition of the exemption stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information stated in Section 119.07(3V()). Florida Statutes, Liurther certify that the information stated in Section 119.07(3V()).   | office or r<br>agent. I a<br>GNATURE   | registered agent. or both, in the Stat<br>im familiar with, and accept the oblig<br>Signature, typed or printed name of registered a<br>OFFICERS Af<br>BENCOMO (LUIS E.), M.D.<br>4160 N. ARMENIA<br>TAMPA FL<br>SD<br>CAPOTE, JORGE   | le of Florida Such change was<br>gations of Section 607.0505, Flo<br>gent and the if applicable (NO)<br>ND DIRECTORS   | tes, the above-named con<br>authorized by the corpora<br>orida Statutes.<br>I. Registered Apent signature required<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME  | ation's board of directors.   hereby accep | PL<br>Durpose of chang<br>pt the appointme<br>DATE<br>CERS AND DIRE<br>CRS AND DIRE                        | ing its registered<br>int as registered<br>CTORS IN 12<br>ange          |
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| 6.4 CITY-ST-ZIP<br>L hereby certify that the information supplied with this filmo does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information  | office or r           agent. I a           GNATURE           agent. I a           GRATURE           agent. I a           GRATURE           agent. I a           gent. I a           gent. I a           agent. I a           gent. I a <t< td=""><td>Agistered agent. or both, in the Stat<br/>m familiar with, and accept the oblig<br/>Signature typed or printed name of registered a<br/>OFFICERS Af<br/>BENCOMO (LUIS E.), M.D.<br/>4160 N. ARMENIA<br/>SD<br/>CAPOTE, JORGE<br/>3124 RESEDA CT<br/>TAMPA FL<br/>PD<br/>BENCOMO, (LUIS E.), M.D.<br/>4160 N. ARMENIA</td><td>le of Florida Such change was<br/>gations of, Section 607.0505, Flo<br/>ann and the if applicable (NO)<br/>ND DIRECTORS<br/>DELETE<br/>DELETE<br/>DELETE<br/>DELETE<br/>DELETE</td><td>tes, the above-named cor<br/>authorized by the corpora<br/>orida Statutes.<br/>I. Project by the corpora<br/><b>13.</b><br/>1.1 TITLE<br/>1.2 NAME<br/>1.3 STREET ADDRESS<br/>1.4 CITY-ST-ZIP<br/>2.1 TITLE<br/>2.2 NAME<br/>2.3 STREET ADDRESS<br/>3.4 CITY-ST-ZIP<br/>3.1 TITLE<br/>3.2 NAME<br/>3.3 STREET ADDRESS<br/>3.4 CITY-ST-ZIP<br/>4.1 TITLE<br/>4.2 NAME<br/>4.3 STREET ADDRESS<br/>4.4 CITY-ST-ZIP<br/>5.1 TITLE<br/>5.2 NAME<br/>5.3 STREET ADDRESS<br/>5.4 CITY-ST-ZIP</td><td>ation's board of directors.   hereby accep</td><td>PL     Jurpose of chang     portose of chang     DATE     DERS AND DIRE     Ch     Ch     Ch     Ch     Ch</td><td>ange Addition</td></t<> | Agistered agent. or both, in the Stat<br>m familiar with, and accept the oblig<br>Signature typed or printed name of registered a<br>OFFICERS Af<br>BENCOMO (LUIS E.), M.D.<br>4160 N. ARMENIA<br>SD<br>CAPOTE, JORGE<br>3124 RESEDA CT<br>TAMPA FL<br>PD<br>BENCOMO, (LUIS E.), M.D.<br>4160 N. ARMENIA       | le of Florida Such change was<br>gations of, Section 607.0505, Flo<br>ann and the if applicable (NO)<br>ND DIRECTORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE | tes, the above-named cor<br>authorized by the corpora<br>orida Statutes.<br>I. Project by the corpora<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   | ation's board of directors.   hereby accep | PL     Jurpose of chang     portose of chang     DATE     DERS AND DIRE     Ch     Ch     Ch     Ch     Ch | ange Addition   |
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|  | office or r<br>agent. 1 a           GNATURE <tr td=""> </tr>   | Agistered agent. or both, in the Stat<br>m familiar with, and accept the oblig<br>Signature typed or printed name of registered a<br>OFFICERS Af<br>BENCOMO (LUIS E.), M.D.<br>4160 N. ARMENIA<br>SD<br>CAPOTE, JORGE<br>3124 RESEDA CT<br>TAMPA FL<br>PD<br>BENCOMO, (LUIS E.), M.D.<br>4160 N. ARMENIA       | le of Florida Such change was<br>gations of, Section 607.0505, Flo<br>ann and the if applicable (NO)<br>ND DIRECTORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE | tes, the above-named cor<br>authorized by the corpora<br>orida Statutes.<br>I. TITLE<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS | ation's board of directors.   hereby accep | PL     Jurpose of chang     portose of chang     DATE     DERS AND DIRE     Ch     Ch     Ch     Ch     Ch | ange Addition   |
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