2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State **DOCUMENT # 628354** 1. Entity Name B. THAN MYINT, M.D. D.I.H., P.A. 05-14-2001 90072 022 ***150.00 Principal Place of Business Mailing Address 5071 SAVARESE CIRCLE 5071 SAVARESE CIRCLE PO BOX 15551 PO BOX 15551 **TAMPA FL 33684** TAMPA FL 33684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1924950 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 -WYIN R. THAN MYINT, R. THAN Street Address (P.O. Box Number is Not Acceptable) 5071 SEVARESE CIRCLE TAMPA FL 33614 Savanese 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) DATE 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPST CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Defete MYINT MD. R THAN NAME STREET ADDRESS 5071 SAVARESE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL **PST** ☐ Change ☐ Addition ☐ Delete TITLE NAME MYINT, R THAN STREET ADDRESS 304 W DAVIS BLVD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete ☐ Change ☐ Addition TITLE 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-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition 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 trystee 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 with all other like empowered.

SIGNATURE:

FILED