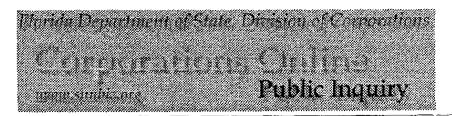
#### 5/3/ 2000 UNIFORM BUSINESS REPORT (UBR) May 31, 2000 8:00 am Secretary of State DOCUMENT # 681730 f. Entity Name Melinda Beth Harr. WOELFEL & HART; M.D. 'S, P.A. -05-03-2000 90084 025 \*\*\*150.00 MD. PA Mailing Address Principal Place of Business 250 S. TAMIAMI TRL. S. TAMIAMI TRL STE 201 -:<u>:</u> 201 304765 TANK FL 34285 VENICE FL 34285-2454 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2014419 Not Applicable Zíp Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOELFEL, ROBERT L., M.D. Melinda Beth Hajar Street Address (P.O. Box Number is Not Acceptable) 250 S TAMIAMI TRAIL, STE 103 250 South Tamiani Tam iam VENICE FL 34285 201 Venice FI 34285 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. 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 Addition (66/6)PD Change TITLE TITLE Delete HART, MELINDA BETH NAME NAME CR2E034 STREET ADDRESS 250 S. TAMIAMI TRL 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP venice fl Addition STD Delete Change TITLE NAME WOELFEL, ROBERT L. NAME STREET ADDRESS 250 S. TAMIAMI TRL, 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP [ ] Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE 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 to 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 rily 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 or trustee empowered to execute this repert 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.

SIGNATURE:

MOUNTAIN BOTTO YOU MODERATED NAME OF SHOWNGOFFICER ON DIRECTOR

4/24/00 941 484-35



## Florida Profit

### MELINDA BETH HART, M.D., P.A.

PRINCIPAL ADDRESS 250 S. TAMIAMI TRL STE 201 VENICE FL 34285 US Changed 01/24/1994

MAILING ADDRESS 250 S. TAMIAMI TRL. STE 201 VENICE FL 34285 US Changed 01/24/1994

Document Number 681730

State FL

Last Event

AMENDMENT AND NAME

CHANGE

**FEI Number** 592014419

Status ACTIVE

Event Date Filed 05/01/2000

**Date Filed** 08/02/1980

Effective Date NONE

Event Effective Date NONE

# Registered Agent

#### Name & Address

WOELFEL, ROBERT L., M.D. 250 S TAMIAMI TRAIL, STE 103 VENICE FL 34285

Address Changed: 02/20/1989

	Address Changed: 02/20/1989	,
	Director Detai	1 Title
Name & Address		11116
HART, MELINDA BETH 250 S. TAMIAMI TRL 201		PD
	VENICE FL	
Annual	1	
Reports		
Report Year	Filed Date	Intangible Tax
1997	02/17/1997	Y
1998	02/16/1998	Y