·2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **719919** May 01, 2000 8:00 am 1. Entity Name **Secretary of State** MORSE BOULEVARD PROFESSIONAL CENTER, INC. 05-01-2000 90481 047 ****61.25 Principal Place of Business Mailing Address 800 WEST MORSE BLVD 800 WEST MORSE BLVD C/O P.O. BOX 1328 C/O P.O. BOX 1328 WINTER PARK FLA 32789-3797 WINTER PARK FL 32789-3735 2. Principal Place of Business 3. Mailing Address 800 W. Morse Blvd. 0. Box 1328 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 1 Applied For City & State 4. FEI Number City & State 59-1324598 Winter Park, FL Winter Park, FLNot Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 32789 USA Fee Required 32790 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MURRAH.KENNETH F 800 W MORSE BLVD WINTER PARK FL 32789 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. STD ■ Addition TITLE ☐ Delete TITLE ☐ Change MURRAH, KENNETH F NAME NAME STREET ADDRESS 800 W MORSE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PK, FL 00000 ☐ Change ■ Addition ☐ Delete TITLE TITLE MADISON, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 800 W MORSE BLVD CITY-ST-ZIE CITY-ST-ZIP WINTER PK, FL 00000 ☐ Change Addition Delete TITLE TITLE HAWLEY, MALCOLM E NAME NAME STREET ADDRESS STREET ADDRESS 800 W MORSE BLVD CITY-ST-ZIP CITY-ST-ZIE WINTER PK, FL 00000 ☐ Change ☐ Addition ☐ Delete TITI F TITLE TILLERY, DON E JR NAME NAME STREET ADDRESS 800 W MORSE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCCOY, DAVID C. STREET ADDRESS 800 W. MORSE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE HAND, THOMAS B. NAME NAME STREET ADDRESS 800 W. MORSE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date