2001 UNIFORM BUSINESS REPORT (UBR)											
DOCUMENT # 759712							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS.				
ST. ANTHONY'S ANCILLARY SERVICES, INC.							DIVISION OF CORPORATIONS. OI NOV 21 PM 2: 40				
Principal Place of Business Mailing Address							01 V	10V 81 PM 2.40			
1200 7TH AVE. N. ST. PETERSBURG FL 33705			P.O. BOX 12588 ST. PETERSBURG FL 33733								
2. Principal Place of Business 3			3. Mailing Address				-REINSTATEMENT U				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59–2128990 Applied For Not Applicable					
Zip \$	Zip Country		Zip Co		Country			8.75 Ade	ditional	1	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
GORZEMAN, J						Name KYES, FORD					
1200 7TH AVENUE N.					Stree	Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG, FL 33705						1200 7TH AVE. N.					
					City	ST. PETERSBURG FL Zip Code 33705				705	
8. The above	named entity	y submits this statement for	the purpose o	f changing its re	egistered office	or register	red agent, or both, in	the state of Florida.			1
SIGNATURE	arc	1,77				ERATING OFFICER 10/05/01					'
Synature, typed or prived dame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the dame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)											
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Campa Trust Fund Cont						g 	\$5.00 May Be Added to Fees Make Check Payable to Department of State				
10.	,	OFFICERS AND DIRE	CTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	l 10	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 7TH AVE. N. ST. PETERSBURG. FI. 33705				TITLE NAME STREET ADDRE CITY-ST-ZIP	1200	D KYES, FORD ☑ Change ☐ Addition 200 7TH AVE. N. ST. PETERSBURG, FL 33705				
TITLE NAME STREET ADDRESS	SID RARL, CATHERINE NAME NAME NAME NAME NAME NAME NAME NA				TITLE NAME STREET ADDRE	VPD RAGSDALE, REX M.D					CR2E037 (5/01)
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE NAME	l .	ARKEY, G TH ST. N.	1	☐ Delete	TITLE NAME	T 1200	INZINA, TON		Change	☐ Addition	
					- STREET ADORES CITY-ST-ZIP	ST.	PETERSBURG,	FL'33705	~~ ~ ~		-
TITLE		·	[☐ Delete	TITLE				☐ Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP	STE			NAME STREET ADDRES CITY-ST-ZIP	s	2000046901425 -11/21/0101012001 ****708.75 ****236.25					
TITLE			[☐ Delete	TITLE					Addition	1
NAME STREET ADDRESS					NAME STREET ADDRES	s					
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE NAME			[☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	}				STREET ADDRES	s		110	1D		1
CITY-ST-ZIP					CITY-ST-ZIP			٨,	_		1

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 business empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the composition of the receiver of business, with all other like empowered.

SIGNATURE:

FORD KYES, CHIEF OPERATING OFFICER 10.75/01 727–825–1074