2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # 765343 1. Entity Name -05-14-2001 90047 022 ****61.25 Tarpon Medical and Professional Center Condomini Principal Place of Business Mailing Address 1501 ALT US 19 SO 1469 VENTNOR AVE TARPON SPGS FL 34689 TARPON SPGS FL 34689 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 59-2472186 Not Applicable Zip.____ Country Zip- 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 Name Street Address (P.O. Box Nümber is Not Acceptable) TOBEY, JOAN =1469 VENTOR AVE TARPON SPGS FL 34689 City Zip Code 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 03/13/0 (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Delete TITLE NAME STARKEY, TREY NAME STREET ADDRESS 12959 SR 54 STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP Kahani MD, EQUABAL TITLE Delete TITLE ☐ Addition 1501 US ALT 1950 Suite 8 FAIRBANKS, DONALD NAME NAME STREET ADDRESS 425 MARINER DR STREET ADDRESS CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HOGAN, WILLIAM NAME STREET ADDRESS 2076 S POINTE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KALANI MD. EQUABAL NAME NAME STREET ADDRESS 1501 US ALT 19 SO SUITE B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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

CITY-ST-ZIP

STREET ADDRESS

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