

<b>DOCUMENT # 766757</b>
1. Entity Name
<b>EXCHANGE CENTER OF THE SUNCOAST FOR THE PREVENTI</b>

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90020 005 \*\*\*\*70.00

Principal Place of Business	Mailing Address
2100 62ND AVE N SUITE B ST PETERSBURG FL 33702-7142 US	2100 62ND AVE N SUITE B ST PETERSBURG FL 33702-7142 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
<b>59-2297297</b>	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANGUINETT, JOHN C 2100 62ND AVE N SUITE B ST PETERSBURG FL 33702-7142

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DPP <input checked="" type="checkbox"/> Delete
NAME	BROWN, JAMES
STREET ADDRESS	6711 15TH AVENUE, N.
CITY-ST-ZIP	T PETERSBURG FL 33710
TITLE	T <input type="checkbox"/> Delete
NAME	LUCAS, JOSEPH
STREET ADDRESS	1964 MASSACHUSETTS AVENUE, NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DP <input type="checkbox"/> Delete
NAME	MICHAELS, WILLIAM M PHD
STREET ADDRESS	6215 BAHAMA SHORES DR S
CITY-ST-ZIP	ST PETERSBURG FL 33705
TITLE	S <input type="checkbox"/> Delete
NAME	RUMPF, BRYAN
STREET ADDRESS	2885 38TH ST N
CITY-ST-ZIP	ST PETERSBURG FL 33713
TITLE	D <input type="checkbox"/> Delete
NAME	SANGUINETT, JOHN
STREET ADDRESS	8267 PARKWOOD BLVD.
CITY-ST-ZIP	SEMINOLE FL
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	DOBBS, ROBERT
STREET ADDRESS	1515 EDEN ISLE BLVD, NE #17
CITY-ST-ZIP	ST PETERSBURG FL 33704

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Audrey Struchen
STREET ADDRESS	7924 10th Avenue S.
CITY-ST-ZIP	St. Petersburg, FL 33707
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Fairbanks
STREET ADDRESS	5040 Park Lake Drive
CITY-ST-ZIP	Pinellas Park, FL 33782

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

SIGNATURE: Sanguinett Jan 3 2001 727 522 6465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #