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Addition

DOCUMENT # F02000001059 1. Entity Name KENNETH LICKER, M.D., P.A. Mailing Address P.O. BOX 120549 ARLINGTON, TX 76012 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O1142004 ChgP CR2E034 (10/03) City & State City & State City & State Country Zip Country Zip Country Size Applied For 75-2190185 Size Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applicable City FL Zip Code Applied For Not Applic	2004	FOR PROFIT		Apr 30, 2004 8:00 at Secretary of State					
P.O. BOX 120549 ARLINGTON, TX 76012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1142004 ChgP CR2E034 (10/03) City & State City & State City & State A, FEI Number 75-2190185 Not Applied For Not Applicable Fee Required 6. Name and Address of Current Registered Agent Name MARUNIAK, NICHOLAS A, M.D. 1314 SUMTER STREET, & SUITE 5 LEESBURG, FL 34748 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11	 Entity Name 		59						
Suite, Apt. #, etc. Suite, Apt. #, etc. O1142004 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name Name Name 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (MCTE. Registered Agent signature required when reinstating) P. Election Campaign Financing Trust Fund Contribution. Signature, typed or printed name of registered agent and title if applicable. Trust Fund Contribution. ADD Trust Fund Contribution. ADD DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	P.O. BOX 120549		P.O. BOX 120549				•	140AP	478
City & State Country City FL City FL City Code City FL City Code City FL City Code City Ci		ness	<u> </u>						
Tountry Zip Country Zip Country State Status Desired Status Desired Agent Status Desired Agent Signature required when reinstating Status Desired Agent Signature required when reinstating Status Desired Status Desired Agent Signature required when reinstating Status Desired Status Desired Agent Signature required when reinstating Status Desired Status Desir	Suite, Apt. #, etc.	4	Suite, Apt. #, etc.			01142004	Chg-P	CR2E03	4 (10/03)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARUNIAK, NICHOLAS A.M.D. 1314 SUMTER STREET, SUITE 5 LEESBURG, FL 34748 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	City & State		City & State						
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MARUNIAK, NICHOLAS A. M.D. 1314 SUMTER STREET, SÜITE 5 LEESBURG, FL 34748 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	6. Name	and Address of Current Re	egistered Agent			7. Name and A	ddress of New R	egistered A	gent
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Winkla W	1314 SUMTER STR	EET, SÜITE 5				(P.O. Box Number	is Not Acceptable)	
the obligations of registered agent. SIGNATURE Signature Sig					City			FL	Zip Code
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	the obligations of regis	tered agent. whole_ Wum	mal MD				, in the State of Flo	orida. I am fa G-29 -	umiliar with, and accept
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	10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTORS IN 11

10.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD LICKER, KENNETH M.D. 1001 WALDROP DRIVE, SUITE 708 ARLINGTON, TX 76012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition			

12. I hereby certify that the information supplied with this filling 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 607, 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Short. Komb	4-28-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #		