FILED

2002 UNIFORM BUSINESS REPORT (UBR)

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

Apr 29, 2002 8:00 am § Secretary of State DOCUMENT # F02611 1. Entity Name 04-29-2002 90192 011 ***150.00 EASTWOOD CLINIC, INC. Principal Place of Business Mailing Address 2880 CAPITAL MEDICAL BLVD 2880 CAPITAL MEDICAL BLVD SUITE 2 SUITE 2 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-2042921 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSSELOT, GEORGE F. Street Address (P.O. Box Number is Not Acceptable) 1100 E. PARK AVE., #A TALLAHASSEE FL 32301 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete ☐ Change CR2E034 (9/01 TITLE NAME NAME ROSSELOT, GEORGE F STREET ADDRESS 2880 CAPITAL MEDICAL BLVD STE 2 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition ☐ Change TITLE STD ☐ Delete TITLE NAME ROSSELOT, SHIRLEY NAME STREET ADDRESS STREET ADDRESS 2880 CAPITAL MEDICAL BLVD STE 2 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition ☐ Change TITLE ☐ Delete TITLE **VD** NAME DIX, C. VINCENT NAME STREET ADDRESS 2880 CAPITAL MEDICAL BLVD STE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition ☐ Change TITLE **VD** ☐ Delete TITLE NAME NAME KAGAN, ALAN R. 2880 CAPITAL MEDICAL BLVD STE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Change Addition ☐ Delete DITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if