2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47236

1. Entity Name

MCALPINE (SARASOTA MEDICAL), INC.

Principal Place of Business	Mailing Address
1100 SOUTH 5TH AVE STE 201 NAPLES FL 34102 US	1100 SOUTH 5TH AVE STE 201 NAPLES FL 34102-6407 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2145543** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI % SHUTTS & BOWEN 201 S BISCAYNE BLVD MIAMI FL 33131	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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	Delete	**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Change	Addition
TITLE DPT NAME WANKLYN, JOHN A. STREET ADDRESS 1100 SOUTH 5TH AVE #201 CITY-ST-ZIP NAPLES FL 34102	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	☐
TITLE SD NAME CONNOR, SYLVIA STREET ADDRESS 1486 NORTHGATE DRIVE CITY-ST-ZIP NAPLES FL 34105	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	☐
TITLE AS NAME DEPAUW, ANJA STREET ADDRESS 4921 22ND AVE SW CITY-ST-ZIP NAPLES FL 34116	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	☐

CR2E034 (9/99)

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

SIGNATURE: _JOHN A. WANKLYN_   4-25-00   941-649-5445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #