2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State **DOCUMENT # G36323** 1. Entity Name STEVE BLICBLUM, M.D., P.A. 05-24-2000 90078 020 ***150.00 Mailing Address Principal Place of Business 207-DORADO 67 767-DOTIADO OT P O BOX 852 P O BOX 852 867169 BRANDON FL 33511-5861 BRANDON FL 33509 3. Mailing Address 2. Principal Place of Business 1463 OAKFIELD DRIVE BOX 252 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Apt. #, etc. City & State 4. FEI Number Applied For 59-2279326 BRANDON NODI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Hills Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLICBLUM, STEVE, M.D. Street Address (P.O. Box Number is Not Acceptable) TOT DORADO COURT 1463 OAKFIELD DR **BRANDON FL 33511** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition Change ☐ Delete TITLE TITLE BLICBLUM, STEVE, M.D. NAME OAKFIELD DR 70/ DORADO CT. 1463 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-7IP Change ☐ Addition TIT) F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR