DOCUMENT # G84797 1. Entity Name AMERICENTER MEDICAL CLINIC, INCORPORATED		Jan 1 Sec	FILED Jan 12, 2001 8:00 am Secretary of State	
Principal Place of Business 1625 BANNING BEACH RD TAVARES FL 32778 US	Mailing Address 1625 BANNING BEACH RD TAVARES FL 32778 US		01-1:	2-2001 90014 044 ***150.00
2. Principal Place of Business	3. Mailing Address	<u></u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NO1	WRITE IN THIS SPACE
City & State	City & State	<u> </u>	4. FEI Number 59-237	Applied For Not Applied Not Applied
Zip	Zip	Country	5. Certificate of Status Des	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of N	lew Registered Agent
SELLERS, CAROLYNE 32524 LAKE EUSTIS DR. TAVARES FL 32778		Street Addre	ss (P.O. Box Number is Not Acce	ptable)
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed fam of registered agent is 9. This corporation is eligible to satisfy its Intangible	ILLUS and title if applicable. (NOTE: FILE NOW!!!	Registered Agent signature req	uired when reinstating)	DATE gn Financing \$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back)	Make Check Payable	1 Fee will be \$550.0 e to Department of		ribution. U Added to Fees
TITLE PST NAME SELLERS, CAROLYNE STREET ADDRESS CITY-ST-ZIP TAVARES FL	DIRECTORS Delete	112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS IN 11 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 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 CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signature shall have to s required by Chapter The SELLERS	he same legal effect as if made u	nder oath; that I am an officer or director

CR2E034 (10/00)