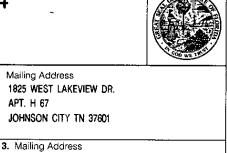
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

G86734

T.T. KNIGHT, JR., M.D., INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90146 028 ***150.00

Principal Place of Business 1825 WEST LAKEVIEW DR. APT. H 67 JOHNSON CITY TN 37601			Mailing Address 1825 WEST LAKEVIEW DR. APT. H 67 JOHNSON CITY TN 37801					33003823		
Principal Place of Business			3. Mailing Address					I ABRIATA BABAT KOMAD BAMA MODBA AATAA BABA BARAA BABAA BABAA BABAA BABAA DABAA DABAA BABAA 		
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & Stat	е		City	& State			4.	4. FEI Number 59-2372921 Applied For Not Applicab		
Zip	C	ountry	Zip	· .	Coun	try	5.	5: Certificate of Status Desired -\$8.75 Additional Fee Required		
	6. Name and	Address of Current	Registere	ed Agent			7.	7. Name and Address of New Registered Agent		
						Name				
HUGHES, WILLIAM C				Street Ad			ldress (P.O.	ess (P.O. Box Number is Not Acceptable)		
1470 ROYAL PALM SQUARE BLVD							·	, ,		
FORT MYERS FL 33919										
						City		FL Zip Code		
8. The above	named entity sub	omits this statement for	the purp	ose of changing its	registere	ed office or r	registered a	agent, or both, in the State of Florida. I am familiar with, and accep		
the obligat	ions of registered	agent.								
SIGNATURE .										
	Signature, typed or prin	ted name of registered agent a	nd title if app	ficable. (NOTE	: Registered	d Agent signatur	e required when	nen reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State					9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
10.		OFFICERS AND	DIRECTO	RS	11.		Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	D 14D	•	Delete	TITLE			☐ Change ☐ Additio		
NAME Street Address City-St-Zip	1000 111 0 010 110 0111, 7 0 11 110					ET ADDRESS ST-ZIP	-			
TITLE			***	☐ Delete	TITLE			☐ Change ☐ Additio		
NAME					NAME	<u> </u>				
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST-ZIP				
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NAME					NAME			change nounter		
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CITY-ST-ZIP					CITY-	ST-ZiP				
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STREET ADDRESS						ET ADDRESS ST-ZIP				
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CITY-ST-ZIP						ST-ZIP				
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NAME					NAME			Stange Addition		
STREET ADDRESS					STREE	T ADDRESS				
CITY-ST-ZIP					CITY-	ST-ZIP				
I2. Thereby c	ertify that the info	rmation supplied with	his filing	does not qualify for	the even	ontion state	d in Section	on 110 07/3)/i) Florido Statutos i further partifu 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 emptwered to execute his 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 an other like empowered.

SIGNATURE:

423 6101/60