2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # H04549** 1. Entity Name CLYDE H. CLIMER, M.D., P.A. 05-08-2000 90122 015 ***150.00 Mailing Address Principal Place of Business 521 WEST ST. RD. 434 521 WEST ST. RD. 434 SUITE 204 SUITE 204 LONGWOOD FL 32750-5165 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2440426 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name WHIGHAM, FRANK C. Street Address (P.O. Box Number is Not Acceptable) 200 W. FIRST STREET, SUITE #22 SANFORD FL 32772-1330 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 . DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE CLIMER, CLYDE H., M.D. NAME NAME STREET ADDRESS STREET ADDRESS 521 W STATE RD 434 #204 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Addition Change ☐ Delete TITLE TITLE CLIMER, LETA B. NAME NAME 521 W STATE RD 434 #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL Change ☐ Addition ☐ Delete TITLE TITLE NAMĖ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete NAME 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-ZIP ☐ Change ☐ Addition Delete TITLE NAME

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 chapted, or on a state-through the property with all eather like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 Date

(407) 333-9009

Daytime Phone #