2001 UNIFORM BUSINESS REPORT (UBR)

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

Mar 30, 2001 8:00 am **DOCUMENT # H65245** 1. Entity Name Secretary of State ROBERT C. HOWARD, M.D., P.A. 03-30-2001 90341 009 ***150.00 Principal Place of Business Mailing Address 2886 S. OSCEOLA AVE 2886 S OSCEOLA AVENUE ORLANDO FL 32806-8046 ORLANDO FL 32806-8046 US 2. Principal Place of Business 3. Mailing Address 2876 5.05ce0. 2876 S. Oscebla DO NOT WRITE IN THIS SPACE Çity & State Applied For 4. FEI Number 59-2544566 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT-C> HOWARD, ROBERT C P.O. Box Number is Not Ac 2886 S OSCEOLA AVENUE ORLANDO FL 32806 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PDST** ☐ Addition TITLE ☐ Delete TITLE Y DS T HOWARD, ROBERT C. 2876 S. OSCEDIA AVE. HOWARD, ROBERT C. NAME NAME 2886 S OSCEOLA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806-8046 CITY-ST-ZIP OILANDO, FL 32806 Change ☐ Addition ☐ Delete TITLE TITLE HOWARD, ROBERT C. 2876 S. OSCEOLA AVE. HOWARD, ROBERT C. NAME NAME STREET ADDRESS 2886 S OSCEOLA AVENUE STREET ADDRESS CITY-ST-ZIP OrlANDO, FL 32806 CITY-ST-ZIP ORLANDO FL HILE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 if

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