2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2000 8:00 am Secretary of State **DOCUMENT # H96985** STEVEN P. SCHWARTZ, M.D., P.A. 04-04-2000 90081 047 ***150.00 Mailing Address Principal Place of Business 1121 OVERCASH DRIVE 1121 OVERCASH DRIVE DUNEDIN FL 34698 DUNEDIN FL 34698-5522 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 59-2631850 Not Applicable Zip Country Zio 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 Name SCHWARTZ, STEVEN P., M.D. Street Address (P.O. Box Number is Not Acceptable) 1121 OVERCASH DRIVE **DUNEDIN FL 34698** City Zip Code FL 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 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Delete TITLE Change SCHWARTZ, STEVEN P. NAME MAME 1121 OVERCASH DRIVE STREET ADDRESS STREET 40DRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/2 Defete Change Acquirer TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition 3MAM! HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete 1171.6 TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 h all other like empowered changed, or on an attachment address w

Date

Devices Prone #

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR