2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K16534 1. Entity Name

KANATERRA CORPORATION



FILED Mar 27, 2003 8:00 am Secretary of State 03-27-2003 90087 033 ***150.00

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Some and Address of Current Registered Agent	City & Stat	City & State City & State			/ & State	е			4. FEI Number 59-3060263				
CANAKARIS, JOHN M., M.D. 700 E. MOODY BLVD. P.O. BOX 727 BUNNELL FL 32010 The above named entity submits this statement for the purpose of changing in registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FL Zip Code City FL Zip Code City FL State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS THE NAME SIRE! ANDRESS OFFICERS AND DIRECTORS OF THE NAME SIRE! ANDRESS OFFICERS AND DIRECTORS OF THE NAME SIRE! ANDRESS OFFICERS AND DIRECTORS OF THE NAME NAME SIRE! ANDRESS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS OFFI	Zip	Country Zip Cou				Cour	ntry		5. (Certificate of Status Desire			
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P.O. E. MOODY BLVD. P.O. BOX 727 BUNNELL FL 32010 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the familiar with and accept the familiar with and accept the familiar with, and accept the familiar with a	' 						Name					•	[
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	i	ertify that the	information supplied wit	h this filing	does not qualify for			ed in Sec	ction 1	119.07(3)(i), Florida Statute	es. I further cert	ify that the i	nformation

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 eath; that I am an officer or director of the corporation or the reserver or trustee empowered to execute this 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 all other like empowered.

SIGNATURE: