

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000007486**1. Entity Name
ST. MATTHEW'S INTERNATIONAL, LTD. CO.

Principal Place of Business	Mailing Address
1005 COLLEGE BOULEVARD WEST, SUITE B	1005 COLLEGE BOULEVARD WEST, SUITE B
NICEVILLE FL 32578	NICEVILLE FL 32578

2. Principal Place of Business
1005 COLLEGE BOULEVARD WEST

3. Mailing Address

Suite, Apt. #, etc.
SUITE A

DO NOT WRITE IN THIS SPACE

City & State
NICEVILLE FL

City & State

4. FEI Number
59-3668505Applied For
Not ApplicableZip Country Zip Country
325785. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

Name

Street Address (P.O. Box Number is Not Acceptable)

TALLAHASSEE FL
323012525 US

City FL 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 **04/26/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARRIS MICHAEL A.M.D.	
STREET ADDRESS	1005 COLLEGE BOULEVARD WEST, SUITE B	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS MICHAEL A.M.D.	
STREET ADDRESS	1005 COLLEGE BOULEVARD WEST, SUITE A	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SWARTZENDRUBER GALEN P.M.D.	
STREET ADDRESS	1005 COLLEGE BOULEVARD WEST, SUITE B	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZENDRUBER GALEN P.M.D.	
STREET ADDRESS	1005 COLLEGE BOULEVARD WEST, SUITE A	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PAZ SEFERINO JR.	
STREET ADDRESS	1005 COLLEGE BOULEVARD WEST, SUITE B	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZ SEFERINO JR.	
STREET ADDRESS	1005 COLLEGE BOULEVARD WEST, SUITE A	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SERSLAND JEFFREY S.M.D.	
STREET ADDRESS	1005 COLLEGE BOULEVARD WEST, SUITE B	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERSLAND JEFFREY S.M.D.	
STREET ADDRESS	1005 COLLEGE BOULEVARD WEST, SUITE A	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL A HARRIS, MD

MGR 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)