FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90688 032 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015935

1. Entity Name
DR HOLDING, LLC

mailed 3-20-03 am

Principal Place of Business	Mailing Address
2100 CONSTITUTION BLVD., STE. 115 SARASOTA, FL 34231-4146	PO BOX 3379 SARASOTA, FL 34230

2. Principal Place of Business	3. Mailing Address
	9230 BLind PASS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sarasota, F
Zip / Country	Zip: 34242 / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 52-2284103 — Applied For / Not Applicable

5. 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
RUSSELL, JOANNE 2100 CONSTITUTION BLVD., STE. 115 SARASOTA, FL 34231-4146	Name: Joanne Russell Street Address (P.O. Box Number is Not Acceptable): 9230 BLind Pass City: Sarasota FL Zip Code: 34242

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joann Russell — DATE: 3-20-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING FEE IS $50.00 — Make Checks Payable to Florida Department of State — Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: RUSSELL, JOANNE STREET ADDRESS: 2100 CONSTITUTION BLVD., STE. 115 CITY-ST-ZIP: SARASOTA, FL 342314146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Joann Russell — 3-20-03 — 941-724-0335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #