DOCUMENT # LOOO51  1. Entity Name HARTOG AND DUBOY PROPERTIES, INC.						FILED Mar 06, 2001 8:00 am Secretary of State					
Principal Plac	ca of Business	Mailing Address					03-06-200	•			
1733 LAKELAND HILLS BLVD. 1733 LAKELAND HILLS BLVD. LAKELAND FL 33805 US		% ROBERT J. BERTRAND 1733 LAKELAND HILLS BLVD. LAKELAND FL 33805			,	1 1 5 2 14 5 0 8 13		(1 <b>41 818)1 8</b> 78)1	<b>81818 83814 8</b> 2	<b>8</b> 12 <b>318</b> 16 1 <b>33</b> 1	
	Place of Business	3. Mailing Address									
Suite, Apl. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE	E IN THIS S	PACE		
City & State		City & State			4.	4. FEI Number 59-2958730 Applied For Not Applicable					]
Zip	Country Zip		Cour	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent			7.	Name and Ac	dress of New Ro	<u> </u>			
a.	د در دسی بود میسیدی بندر در پیمنیویشره د در دسی بود میسیدی کارگری در این	· ~~~.		Name		<b>~</b>			<u>-</u>	,	_
DUBOY, ALBERTO M.D. 1733 LAKELAND HILLS BLVD.				Street Address (P.O. Box Number is Not Acceptable)							]
LAK	ELAND FL 33805			City					7in Cor		}
				<u> </u>	FL Zip Code					_	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or	registered ag	jeni, or both,	in the State of Flo	rida,			
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title d'applicable. (NOTE	: Augistare	ed Agent signatu	re required when r	minstating)		DATE		<del></del>	j
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.0	10	10.5		?			┤ -
Tax (iling requirement and elects to do soAfter MAY 1, 200							on Campaign Fina Fund Contribution			O May Be d to Fees	
11.	OFFICERS AND I		12.	epai unern		DITIONS/CH	ANGES TO OFFI	CERS AND	DIRECTOR	IS IN 11	┦
TITLE	V	☐ Delete	THL	E					☐ Change	Addition	8
NAME STREET ADDRESS	ALVEREZ, PETER M.D. 1733 LAKELAND HILLS BLVD		NIAM Stre	iet address							CR2E034 (10/00)
CITY-ST-ZIP	LAKELAND FL 33805	<u> </u>	City	-ST-ZIP						· · · · · ·	
TITLE NAME	PUROV ALPERTO ALP	☐ Delete	TITLI		•				Change	Addition	5
STREET ADDRESS CITY-ST-ZIP	DUBOY, ALBERTO M.D. 1733 LAKELAND HILLS BLVD LAKELAND FL		STRE	EFT ADDRESS							
. जा्रह	<u>.v.</u>	☐ Delete	TITL	F _		<u> </u>			☐ Change	Addition	
NAME STREET ADDRESS	PURETZ, JEFFREY M.D. 1733 LAKELAND HILLS BLVD.		NAM STRE	et address		· · ·	- ~	, ar-	_ <b>*</b> ***	•	
CITY-ST-ZIP	LAKELAND FL 33805		-	-ST-ZIP				<u> </u>			
TITLE NAME	S DAMIAN, GRACIA M.D.	☐ Delete	TITL	1		•			Change	Addition	
STREET ADDRESS	1733 LAKELAND HILLS BLVD.		STRE	ET ADDRESS							
CITY-ST-ZIP	LAKELAND FL 33805	√ I notes	1-	-ST-ZIP	<del></del>				[] Channe	☐ Addition	1
TITLE NAME	CARAVELLÓ, JOHJ M.D.	☐ Delete	NAM			٠	•	•	☐ Change	Macines	{
STREET ADORESS CITY-ST-ZIP	1733 LAKELAND HILLS BLVD. LAKELAND FL 33805			ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	TITLE		· <del></del>	<del></del>			Change	Addition	1
NAME STREET ADDRESS			nam Stre	E Et adoress	•						1
CITY-ST-ZIP			_	-SI-ZIP						<del></del>	1
13. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the recover of 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 changed, or on an attachment witt an address, with all other like empowered.											
SIGNATURE: SIGNATURE: 1/29/01 863-688-15-39 Date Date Description of Printed Market Of SIGNARD OFFICER OR DIRECTOR 1/29/01 Bits Date Description of Descript											