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FILED
Jul 11, 2002 8:00 am
Secretary of State

06-06-2002 90088 001 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004694

1. Entity Name

CANCER GUARD MEDICAL, LLC

[redacted]

Principal Place of Business	Mailing Address
118 - 15TH STREET BELLEAIR BEACH FL 33786	118 - 15TH STREET BELLEAIR BEACH FL 33786

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12251 INDIAN ROCKS RD		12251 INDIAN ROCKS RD	
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1	
City & State LARGO FL		City & State LARGO FL	
Zip 33774	Country USA	Zip 33774	Country USA

4. FEI Number APPLIED FOR — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORREA, J. GERARD
275 - 96TH AVENUE NORTH, UNIT 6
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name MARY JO HENDERSON
Street Address (P.O. Box Number is Not Acceptable) 118 15th ST
City BELLEAIR BEACH FL Zip Code 33786

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] 4/16/02
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, MARY JO 118 - 15TH STREET BELLEAIR BEACH FL 33786	☐ 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 (9/01)

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: [signature] 4/16/02 727-596-5964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #