FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90193 014 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002052

1. Entity Name
SEER GROUP, LLC

Principal Place of Business	Mailing Address
BONITA MEDICAL OFFICE PARK 28331 S TAMIAMI TRAIL SUITE 2 BONITA SPRINGS, FL 34134	BONITA MEDICAL OFFICE PARK 28331 S TAMIAMI TRAIL SUITE 2 BONITA SPRINGS, FL 34134

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13310 Corbel Circle	13310 Corbel Circle
Suite, Apt. #, etc. # 1816	Suite, Apt. #, etc. # 1816
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33907 Country	Zip 33907 Country

4. FEI Number 03-0383147 ☐ 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
BLEDSOE, ERIC T BONITA MEDICAL OFFICE PARK 28331 S. TAMIAMI TRAIL SUITE 2 BONITA SPRINGS, FL 34134	Name Eric T. Bledsoe Street Address (P.O. Box Number Is Not Acceptable) 13310 Corbel Circle #1816 City Fort Myers FL Zip Code 33907

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 [signature] 4/20/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEDSOE, ERIC T 28331 S TAMIAMI TRAIL SUITE 2 BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 13310 Corbel Circle #1816 Fort Myers FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] 4/20/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #