FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03000045972

1. Entity Name
DeLand Medical Office Building, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 13 AM 10:23
FAXED 9/6/05

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1025 N. Stone Street		1025 N. Stone Street	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State DeLand, FL		City & State DeLand, FL	
Zip 32720	Country Volusia	Zip 32720	Country Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2885372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ~~Andrew J. Randolph~~
Street Address (P.O. Box Number is Not Acceptable): 1025 North Stone Street
Suite B
City: DeLand FL Zip Code 32720

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 Andrew J Randolph Andrew J Randolph DATE 8/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	Andrew J. Randolph	NAME	
STREET ADDRESS	1025 N. Stone Street - Suite B	STREET ADDRESS	05/04/05-90046-030-$50.00
CITY-ST-ZIP	DeLand, FL 32720	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	Ana Rosa Randolph	NAME	
STREET ADDRESS	1025 N. Stone Street - Suite B	STREET ADDRESS	
CITY-ST-ZIP	DeLand, FL 3272	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	Andrew J. RANDOLPH	NAME	
STREET ADDRESS	1025 North Stone Street - S-B	STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	DeLand, FL 32720	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew J Randolph Andrew J. Randolph 8/28/05 386-734-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #