2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N23648** Jul 18, 2000 8:00 am Secretary of State Entity Name MARION C.A.R.E.S., INC. 07-18-2000 90017 011 \*\*\*\*75.00 Principal Place of Business Mailing Address 1012 E SILVER SPRINGS BLVD 1012 E SILVER SPRINGS BLVD OCALA FL 34470 OCALA FL 34470 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2911265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered MCMASTER, DENNIS 1012 E. SILVER SPRINGS BLVD. OCALA FL 34470 / 8. The above name of the fittiy submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Change Addition TITI F TITLE MCMASTER, DENNIS NAME P.O. BOX 6936 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34478 Delete Addition TITLE ☐ Change TITLE NICHOLS, HORACE NAME NAME STREET ADDRESS 101 WATER TRK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 Change **Addition** Delete TITLE TITLE DUSH, TRACY NAME NAME STREET ADDRESS STREET ADDRESS 1779 N.E. 12TH ST. CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 Delete ☐ Change 🖈 Addition TITLE TITLE MEDINA. PETER NAME NAME STREET ADDRESS 9601 S.E. 155TH ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SUMMERFIELD FL 34492 ☐ Change Addition Delete TITLE D TITLE SPIRKO, PAT NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1458 CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL 34489 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 if made under oath; that I am an officer or director of the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR