

DOCUMENT # N38585

1. Entity Name

METROPOLITAN BUSINESS AND MEDICAL PARK ASSOCIATI

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90223 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

16050 S TAMiami TRAIL  
 #103  
 FORT MYERS FL 33908  
 US

16050 S TAMiami TRAIL  
 #103  
 FORT MYERS FL 33908-4243  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0240819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEWOLFE, BERNARD J  
 16050 SO TAMiami TRAIL  
 SUITE 103  
 FORT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME DEWOLFE, BERNARD J.  
 STREET ADDRESS 16050 S TAMiami TRAIL UNIT 103  
 CITY-ST-ZIP FORT MYERS FL

TITLE SD ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME DEWOLFE, GINA  
 STREET ADDRESS 16050 S TAMiami TRAIL UNIT 103  
 CITY-ST-ZIP FORT MYERS FL

TITLE TD ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD ☒ Delete  
 NAME JOHNSON, ALLEN  
 STREET ADDRESS 16050 S TAMiami TRAIL UNIT 103  
 CITY-ST-ZIP FORT MYERS FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME Tina Stafstrom  
 STREET ADDRESS 16050 S. Tamiami Trail Unit 103  
 CITY-ST-ZIP Fort Myers, FL 33908

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/00 941-433-3433

CR2E037 (9/99)