DOCUMENT # N92000000263

1. Entity Name

CAPITAL MEDICAL BOULEVARD BUSINESS CENTER OWNERS

(R)

FILED
Jun 16, 2000 8:00 am
Secretary of State
05-09-2000 90100 032 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 12874 TALLAHASSEE FL 32317	P.O. BOX 12874 TALLAHASSEE FL 32317-2874

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P O Box 12423	P O Box 12423
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32317 Country: Leon	Zip: 32317 Country: Leon

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
ARNOLD, ROBERT W 217 ROSEHILL DRIVE, NORTH TALLAHASSEE FL 32312	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARNOLD, ROBERT W 217 ROSEHILL DR N TALLAHASSEE FL 32312	XX Delete	Kent Knisley PD 3231 Capital Medical BLVD Tallahassee, Fl 32308	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAROSA, DENNIS E 2331 TOUR EIFFEL DR TALLAHASSEE FL 32308	XX Delete	Dr. Richard Hardison T 3227 Capital Medical BLVD Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CONN, RANDOLPH H RT 8 BOX 198-M TALLAHASSEE FL 32301	XX Delete	Mary Pelligrino T 3215 Capital Medical BLVD Tallahassee, FL 32308	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 Kent Knisley (850) 219-1523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #