2000 UNIFORM BUSINESS REPORT(UBR)

FILED DOCUMENT # N96000005784 May 01, 2000 8:00 am Secretary of State 1. Entity Name RAPE TRAUMA CENTER, INC. 02-04-2000 90082 017 ****61.25 Principal Place of Business Mailing Address 2023 JEFFCOTT STREET P.O. BOX 6548 FORT MYERS FL 33911-6548 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Act. #, etc. 4. FEI Number Applied For City & State City & State 65-0717672 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Anne T. Kowalski Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, GLORY 2023 JEFFCOTT STREET FORT MYERS FL 33901 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. Jo Anne T. Kowalski, RN, EdD. Director 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (66/6) Change Addition ☐ Delete TITLE TITLE BRUNNER, JON D NAME NAME STREET ADDRESS STREET ADDRESS 7275 CYPRESS PT DR CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete TITLE Change Addition TITLE KAESTNER, DEAN NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 6548 CÎTY-ST-ZÎP CITY-ST-ZIP FORT MYERS FL 33911 Director Addition Delete ☐ Change TITLE TITLE Kowalski, Jo Anne T., RNIEDD P.O. Box 6548 WILLIAMS, GLORY NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 6548 N/A Ft. Myers, FL 33911 CITY-ST-ZIP C/TY-ST-Z!P FORT MYERS FL 33911 Change M Addition TITLE ☐ Delete vos, Carol NAME NAME P.O. BOX 6548 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Myers, FL 33911 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-SY-ZIP

FER DIL WO Anne T. Kouralski, RN, EdD SIGNATURE: