

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90089 030 ****61.25

94029571



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0786187 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTER, RON, CCM CAM
PROFESSIONAL COMMUNITY SERVICES, LLC
IPCC/385 INTERSTATE BLVD. BLDG. C
FT. MYERS, FL 33913

7. Name and Address of New Registered Agent

Name DARLENE CROSS
Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY POINT RD 118A
City SARASOTA FL Zip Code 34231

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ZAHLE, MARIAN	
STREET ADDRESS	5108 BLUE ASH	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VPD	☐ Delete
NAME	TROGDON, HARMON	
STREET ADDRESS	5132 BLUE ASH	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	STD	☐ Delete
NAME	GRIMALDI, JOHN	
STREET ADDRESS	626 NORTH FRENCH ROAD, SUITE 5	
CITY-ST-ZIP	BUFFALO, NY 14228	
TITLE	AS	☒ Delete
NAME	HUNTER, RONALD E	
STREET ADDRESS	385 INTERSTATE BLVD., BLD. C	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/04

941 927-6464