3/2 DOC!'V=NT # N99000001219 FILED May 12, 2000 8:00 am Secretary of State ULTIMATE MEDICAL ACADEMY, INC. 03-29-2000 90066 034 ****61.25 Principal Place of Business Mailing Address 1218 COURT STREET, STE. B 1218 COURT STREET, STE, B CLEARWATER FL 33756 CLEARWATER FL 33756-5802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MANNION, ELIZABETH R 1150 CLEVELAND ST., STE. 300 **CLEARWATER FL 33755** Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE NAME FRY. DELORES M NAME STREET ADDRESS STREET ADDRESS 1218 COURT STREET, STE. A CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** TITLE TITLE ☐ Change Addition | NAME FRY, ROBERT B NAME STREET ADDRESS STREET ADDRESS 1218 COURT STREET, STE. A CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33756 Change ☐ Addition TITLE TITLE □ Delete NAME BILOVOSICK, SHARON NAME STREET ADDRESS STREET ADDRESS 1218 COURT STREET, STE. B CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Addition ☐ Change TITLE D TITLE NAME DELLAPELLE, DONNA NAME STREET ADDRESS STREET ADDRESS 1218 COURT STREET, STE. B CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Change ☐ Addition TITLE n TITLE NAME HOLMES, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 1218 COURT STREET, STE. B CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 Delete Change ☐ Addition TITLE TITLE NAME BOARDMAN, CHARLES C NAME STREET ADDRESS STREET ADDRESS 2086 GARY COURT CITY-ST-ZIP PALM HARBOR FL 34683 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 suppliemental 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