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13. 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 supplied that the and accurate and that my signature shall have the complemental report is true and accurate and that my signature shall have the complemental report is true and accurate and that my signature shall have the complemental report in the control of the complemental report is true and accurate and that my signature shall have the complemental report in the control of the	NAME STREET ADDRESS		☐ Delete	NAM STRE	e et adoress		_			☐ Chang	ie 🗀 Addition	1
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: STERHEN B GILL MD D 04/10/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or Block 14 or Block 12 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 16 or Block 16 or Block 17 or Block 17 or Block 18 or Block 17 or Block 18 or Block 19 or Block	of the corp changed,	or this report is to supplemental report is no poration or the receiver or trustee empoy or on an attachment with an address, with the supplemental report is not one or or an attachment with an address, with the supplemental report is not supplemental report in the supplemental report is no	rue and accurate and that my vered to execute this report a th all other like empowered.	y signa is requi	ture shall hi red by Cha	ave the car	ne legal effect a lorida Statutes;	s if made under and that my nar	r oath: that l	am an offic	ser or director	

Date

Daytime Phone #