2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
03-07-2002 90041 015 ***150.00

DOCUMENT # P00000023014

1. Entity Name
ITM TROPICARE NORTH BAY, INC.

Principal Place of Business	Mailing Address
2045 CHESAPEAKE DRIVE ODESSA FL 33556	2045 CHESAPEAKE DRIVE ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7905 Land O Lakes Blvd	7905 Land O'Lakes Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAND O LAKES FL	City & State: Land O'Lakes FL
Zip: 34639 Country: USA	Zip: 34639 Country: USA

4. FEI Number 59-3628244 ☐ 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
HUGHES, TIMOTHY W 2046 CHESAPEAKE DRIVE ODESSA FL 33556	Name: MARTIN R. GAGNON Street Address (P.O. Box Number is Not Acceptable): 7905 Land O'Lakes Blvd City: Land O'Lakes FL Zip Code: 34639

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: MR [illegible] MARTIN GAGNON 3-27-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAGNON, M.R. 2419 CHOBEE COURT LAND O LAKES FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUGHES, TIMOTHY W 3197 SANIBEL AVENUE SPRING HILL FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, B. ALLEN 6915 RICHARD AVENUE SPRING HILL FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAY, SUSAN E 1417 LAREDO AVE SPRING HILL FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR [illegible] SIGNATURE REQUIRED 2-4-02 813-996-5484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #