2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90309 025 ***150.00

000284 FP

DOCUMENT # P00000023014

1. Entity Name
ITM TROPICARE NORTH BAY, INC.

Principal Place of Business	Mailing Address
79055 LAND O' LAKES BLVD LAND O LAKES FL 34639	79055 LAND O'LAKES BLVD LAND O'LAKES FL 34639

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7905 Land O' Lakes Blvd Suite, Apt. #, etc.	7905 Land O' Lakes Blvd 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
GAGNON, MARTIN R 79055 LAND O' LAKES BLVD LAND O LAKES FL 34639	Name Street Address (P.O. Box Number is Not Acceptable): 7905 Land O' Lakes Blvd City: FL Zip Code

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 _____ 4-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. 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	T Gagnon, Gina M. 2419 Chobee Ct Land O' Lakes FL 34639	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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 REQUIRED 4-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #