2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P0000030224 WALTER MARTIN, M.D., P.A. 03-19-2001 90079 036 ***158.75 Principal Place of Business Mailing Address 1480 73RD CIRCLE NE 1480 73RD CIRCLE NE ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTIN, WALTER M.D. Street Address (P.O. Box Number is Not Acceptable) 1480 73RD CIRCLE NE ST. PETERSBURG FL 33702 City Zin 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE Delete TITLE MARTIN, WALTER NAME NAME 1480 73RD CIRCLE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE MARTIN, ARLYN NAME NAME STREET ADDRESS 1480 73RD CIRCLE NE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33702 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME . 1 NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR