2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P0000040375 JOHN A. FETCHERO, JR., D.O., P.A. 01-23-2001 90096 005 ***150.00 Principal Place of Business Mailing Address 2862 COUNTRY CLUB BLVD. 2862 COUNTRY CLUB BLVD. **ORANGE PARK FL 32073** ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip · Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fetchero, John A. JR FETCHERO, JOHN A JR. Street Address (P.O. Box Number is Not Acceptable) Zip Code 73 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 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE FETCHERO, JOHN A D.O. NAME NAME 2862 Country Club Bird. PROPERTY OF THE PROPERTY OF TH STREET ADDRESS STREET ADDRESS ORAnge Park, Fl. 32073 CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 2862 Country Club BIND FETCHERO, WYNONA A NAME NAME SOUTH ROBLEY AVENUE SUITE OF STREET ADDRESS STREET ADDRESS ORAnge tack, Fl. **ORANGE PARK FL 32073** CITY-ST-7IP CITY-ST-7IP TITLE -□ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

1-10-01

Daytime Phone #