FOR PROFIT CORPORATION SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P000000 47220 1. Entity Name JENNifar M. SECTON, P.A. 02 NOV 18 AM 8: 01 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1320 96 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City 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 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE TITLE 300008645193. 10/29/02--01040--007 **150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME

3. 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

10-24-02

Daytime Phone #

Jennier III. Sexion, P.A.

320 9th Street

Atlantic Beach, Fl 32233

 \Diamond

[904] 242-7997

November 14, 2002

Division of Corporations Post Office Box 6327 Tallahassee, FL 32302

Re: Jennifer M. Sexton, P.A. – 2002 Uniform Business Report Doc. #: P00000047220

Dear Sir or Madam:

I am writing to inform you that I never received any preprinted Uniform Business Report forms for the above referenced period. As soon as I was made aware of this I completed the attached form and have mailed you the filing fee. I am requesting your assistance in abating the late filing penalties concerning the 2002 report. I appreciate your cooperation and understanding in this matter.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Jennifer M. Sexton