2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000049722 1. Entity Name FRANK LOH, M.D., P.A. 05-11-2001 90081 038 ***150.00 Principal Place of Business Mailing Address C/O STOUTAMYER, STRATOS, SCHRODER-C/O_STOUTAMYER, STRATOS, SCHRODER 2010 59TH STREET WEST. SUITE 1500 2010 59TH STREET WEST, SUITE 1500 450 O **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address O ICC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 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 SUTTON, KEVIN H Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD. SUITE-3700-**TAMPA FL 33602** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Csident ☐ Delete TITLE TITLE NAME NAME o sin St. West STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34209 CITY-ST-ZIP ₹Y ZOS ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 on 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 within address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AVERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (941) 761-7699