05-03-2001 90984 011 ***150 00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000054016 May 03, 2001 8:00 am Secretary of State 1. Entity Name INTER-MEDIC PHYSICIANS, P.A. Principal Place of Business Mailing Address 2885 TAMIAMI TRAII 2885 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country 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 MOORE, JOHN L Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVENUE SARASOTA FL 34236 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Caranova, E STREET ADDRESS STREET ADDRESS 2885 To-mia CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME Casanovai STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME eslow, H STREET ADDRESS 885 Tamian ort Charlott STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE melser M NAME 2885 TamiamiTr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Portcharlotte Fl CITY-ST-ZIP TITLE

Portcharlotte, FL 13. I hereby certify that the information supplied with this filing does not qualify for the examption 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Sillette J

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

APIL 27/01 941-629-7501

Addition

Addition

Attachment

12. Additions / Changes to Officers and Directors

V/D

X- Addition

P00000054016 O46441)

Bartek, James

2885 Tamiami Tr.

Port Charlotte, Fl. 33952

V/D

X- Addition

Bhat, Saligrama

2885 Tamiami Tr.

Port Charlotte, Fl. 33952

V/D

X- Addition

Civitella, Thomas

2885 Tamiami Tr.

Port Charlotte, Fl. 33952-

V/D

X- Addition

Nackley, George 2885 Tamiami Tr.

Port Charlotte, Fl. 33952

V/D

X- Addition

Rioux, John

2885 Tamiami Tr.

Port Charlotte, Fl. 33952

V/D

X- Addition

Rodriguez, Victor

2885 Tamiami Tr.

Port Charlotte, Fl. 33952

V/D

X- Addition

Torner, Jamie

2885 Tamiami Tr.

Port Charlotte, Fl. 33952