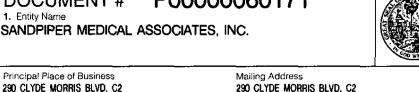
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000060171 DOCUMENT

1. Entity Name

SANDPIPER MEDICAL ASSOCIATES, INC.





Apr 25, 2003 8:00 am \$ Secretary of State \$ 04-25-2003 90001 040 **** **FILED**

04-25-2003 90221 042 ***150.00

1101000

ORMOND BEA	CH FL 32174		ORMOND BEACH FL 32174					11012008						
2. Principal Place of Business			3. Mailing Address				\dashv							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State			4	4. FEI Number 59-3653024			-	Applied For Not Applicable		
Zip Country			Zip Co			try	5. (ertificate of Status Desired			3.75 Add e Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
MILLER, CRAIG A							Name Street Address (P.O. Box Number is Not Acceptable)							
290 CLYDE	e Morris I	BLVD.					· · · · · ·							
SUITE L2 ORMOND BEACH FL 32174						<u> </u>								
URMUNU BEAUTI FL 321/4						City				F	FL∣	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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
	Signature, types	or printed harrie or registered agent of	no mie ii app	(11016	gisioiec		a required with	JIII ()						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						<u> </u>			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND D				DIRECTORS 11.				ADD	ITIONS/CHANGES TO OF	FICERS A	ND D	IRECTORS	IN 11	
NAME STREET ADORESS		raig a Inderson dr. Beach fl 32176		□ Delete		l l					. [] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,* f		□ Delete		1						_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Delete	1					•] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							Ē] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•					_		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	ertify that the	information supplied with	this filing	☐ Delete	CITY-	ET ADDRESS ST-ZIP	ed in Section	on 11	9.07(3)(i), Florida Statutes	. I further		Change	Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.