2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P00000075534 1. Entity Name 04-11-2002 90006 037 ***150.00 ATKINSON'S HEALTHCARE, INC. Principal Place of Business Mailing Address 1532 KINGSLEY AVE P OB OX 1644 STE 103 ORANGE PARK FL 32067-16494 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1.0. BOX 4. FEI Number City & State City & State Applied For 59-3664483 Not Applicable Country Zip Zip Country \$8.75 Additional 5.-Certificate of Status Desired -----32067-1644 6. Name and Address of Current Registered Agent 4 7. Name and Address of New Registered Agent Name MUYRES. WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 2390 STOCKTON DRIVE **GREEN COVE SPRINGS FL 32043** City 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 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, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MUYRES, WILLIAM J CR2E034 STREET ADDRESS STREET ADDRESS 2390 STOCKTON DRIVE CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY,-ST-ZIP CITY_ST_ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete 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.

SIGNATURE: