FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 17, 2002 8:00 am

TALLAHASSEE FL ZIB 2308 COUNTY ZIB 32308 T. Name and Address of Current Registered Agent Name (ROBERT A. FIERCE Siriosit Address (PO-Born Armording Non-Acceptable) DO NOT-WRITE IN THIS SPACE IN THIS SPACE SIGNATURE SIGNATURE SIGNATURE 9. This corporation is eligible to satisfy its intangible Tarkfight of the purpose of changing its registered office or registered agent, or both, in the State of Florida. After May 1, Fee is \$150.00 Amended UBR is \$61.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 TILE NAME SINEET ALLORESS COUNTY ST. 2P TALLAHASSEE, FL 32308 TILE NAME SINEET ALLORESS COUNTY ST. 2P TALLAHASSEE, FL 32308 TILE NAME SANYER, N. PAUL SANYER	DOCUMENT # P00000089619					Secretary of State 04-17-2002 90122 015 ***150.00
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Name ROBERT A. PIERCE IN THIS SPACE Sirect Address (PO'-Box Namber is Nor Acceptable) JOTALLAHASS EE FL 7/32/32 8. The above named entity submilis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE 10. This corporation is eligible to satisfy its intangible Tax Killing requirement and elects to do so. After May 1, Fee is \$55,000 After May 1,	TALLAL	HASSEE FL	1			59 - 3473588 Not Applicable
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TITLE NAME SELLINGER, SCOTT B. STREET ADDRESS STREET ADDRESS THEE	NAME	SELLINGER, SCOTT F	B. BLVD	NAME		

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WILLIAM E POTTS, MD
OF SIGNING OFFICER OR DIRECTOR