## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # P01000015295 1. Entity Name 05-06-2002 90186 038 \*\*\*150.00 PEGGY MANNING, A.P., D.O.M., P.A. Principal Place of Business Mailing Address 7715 HOLIDAY DRIVE 7715 HOLIDAY DRIVE SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 5352 Fox Run RD Tamiami TR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State 4. FEI Number Applied For City & State SARASOTA 65-1079745 Country \$8.75 Additional 5. Certificate of Status Desired usa USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRELL, DONALD J Street Address (P.O. Box Number is Not Acceptable) 1776 RINGLING BLVD SARASOTA FL 34236 Zip Code City 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) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition rres. NAME PEGGY MANNING 5352 FOX RUN RD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota, Fl 34231 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De<u>l</u>ete Change ☐ Addition TITLE 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-ZIP TITLE 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-7IP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered