2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT,

Aug 26, 2003 8:00 am Secretary of State P01000027327 08-26-2003 90025 018 ***150.00 DOCUMENT # 1. Entity Name GEOFFREY J. GIBSON, D.O., PA Mailing Address Principal Place of Business 5401 CENTRAL AVENUE 1875 INDIAN ROCKS ROAD SAINT PETERSBURG FL 33710 LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. THE CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCATEE, CAROL Street Address (P.O. Box Number is Not Acceptable) 5401 CENTRAL AVE ST PETERSBURG FL 33710 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change Addition GIBSON, GEOFFREY J NAME NAME 1021 GULF BLVD & 1108. 1390 GULF BCDD. 4402. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33787 - 2950 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 mile ☐ Change Addition NAME-STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

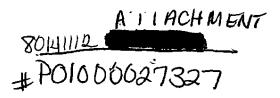
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

■ Addition



RehabMed

Geoffrey J. Gibson, D.O.

Physical Medicine-Medical Rehabilitation

August 7, 2003

DIVISION OF CORPORATIONS DEPT OF STATE STATE OF FLORIDA

Re: LATE FEE for Annual Uniform Business Report

I have just telephoned your office regarding the report of a non-filing for the annual Report. After conferring with my accountants I discovered that it had not been received by my office-- perhaps because of postal error.

I am enclosing the just received Report, signed with a check for \$150.00 Thank you.

Geoffrey J. Gibson, D.O.

Phone: (727) 593-8408

FEI 52-2304410