FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 18, 2002 8:00 am Secretary of State P01000030916 DOCUMENT# 05-27-2002 90271 044 ***150.00 PHOENIX PRO MED, INC. Mailing Address Principal Place of Business 2171 DEER HOLLOW CIRCLE 2171 DEER HOLLOW CIRCLE LONGWOOD FL 32779 LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name end Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHINDLER, LAWRENCE Box Number is Not Acceptable) 2171 DEER HOLLOW CIRCLE LONGWOOD FL 32779 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. 04-29-02 (NOTE: Registered Agent algneture required when reinstating) FILE NOW!!! FEE (\$ \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition (9/01 Delete TITLE TITLE SCHINDLER, LAWRENCE NAME NAME CR2E034 2171 DEER HOLLOW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-7IP Delete TITLE TITLE NAME NAME SCHINDLER, LAWRENCE 2171 DEER HOLLOW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Change Addition TITLE 5 AUID MI-5:cl NAME NAME STREET ADDRESS STREET ADDRESS mossy CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.