FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 08, 2002 8:00 am Secretary of State P01000050272 DOCUMENT # 1. Entity Name 07-08-2002 90228 017 ***550.00 DONALD J. MORRIS, M.D., P.A. Principal Place of Business Mailing Address 3850 20TH ST. 3850 20TH ST. VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 1105018 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, DONALD J Street Address (P.O. Box Number is Not Acceptable) 3850 20TH ST. VERO BEACH FL 32960 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 SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 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) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DONALD JOSEPH MORRIS PRESIDENT 1757 VICTORIA CIRCLE TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS VERO BEACH FL 32967 CITY-ST-7/P CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachpent with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.1.02

772 -299-3690

Daytime Phone

CR2E034 (4/02)

Donald J. Morris, M.D., P.A. 3850 20th Street, Vero Beach, Fl 32960. (772) 299-3690.

July 1, 2002

Katherine Harris
Division of Corporation,
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Katherine Harris.

In reference to the Uniform Business Report. I am requesting that the late fee be waived. As President of Donald J. Morris, M.D., P.A., I am stating that I did not receive prior notice.

I incorporated as a solo Family Practitioner in Vero Beach on July 1st. 2001 and prior to that time I was in a Group Practice that went bankrupt. I naively assumed the incorporation fees were good for one year. I had no idea they were paid by an assessment instrument inappropriately labeled Uniform Business Report. I am sure my staff that sorted the mail in January would have shown me the U.B.R. if we had received it in the mail. I am for fair taxation but a fine that is almost triple the fee is a very stiff penalty for missing a piece of mail. I enclose my penalty of \$400 plus the fee but I am protesting the penalty. Please remit the penalty.

Sincerely,

Donald J. Morris, M.D.

morres MD.