2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 17, 2002 8:00 am Secretary of State P01000058454 DOCUMENT # 1. Entity Name URIEL NAZARIO, M.D., P.A. 01-17-2002 90017 022 ***158.75 Principal Place of Business Mailing Address 1508 BROOKSTONE DR 1508 BROOKSTONE DR 300310 ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address 21 Kingslev Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Cuite 402 City & State City & State Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 3*207*-3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WICKES: LESLIE A Street Address (P.O. Box Number is Not Acceptable) C/O VOLPE, BAJALIA, WICKES & ROGERSON 1301 RIVERPLACE BLVD, SUITE 1700 JACKSONVILLE FL 32207 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAZARIO, URIEL NAME 1508 BROOKSTONE DR STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

FILED