FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 06, 2002 8:00 am Secretary of State DOCUMENT # P01000063568 1. Entity Name 08-06-2002 90130 040 ***150.00 JOHN A. SUNDIN, M.D., P.A. Principal Place of Business Mailing Address 1501 GOVERNMENT RD. 1501 GOVERNMENT RD. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business ennedy Dive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Morcoe Morroe Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNDIN, JOHN A M.D. 1501 GOVERNMENT RD. KEY WEST FL 33040 8. The above named entity submits this statement for the purpose of changing its registered office or registered. ered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550,00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition undin Drive NAME SUNDIN, JOHN A NAME STREET ADDRESS 1501 GOVERNMENT RD. STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete - -- ~ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CiTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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

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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

SIGNATURE AND TYPED O

JOHN SUNDIN, M.D.

1438 Kennedy Dr., Luani Plaza Key West, FL 33040 Telephone: (305) 296-0601 Fax: (305) 296-1958

July 30, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee FL 33040

RE: P01000063568

To Whom It May Concern:

I am in receipt of a 2002 Uniform Business Report Package. When I brought this package to my accountant she informed me that I should have filed this report in January when I received the original mailing. However, I never received the first mailing.

I have been very conscientious about filing all my returns on time and now, as we read this filing package, I have been accessed an additional \$400 for the delay, which must have been caused by the U.S. Postal System.

Based on these circumstances, I would appreciate receiving leniency on the assessment of the \$400 penalty. I have enclosed an updated report and the necessary \$150 filing fee.

Thank you for your consideration. I can be reached at the number above if you should have further questions or concerns.

Sincerely,

John A. Sundin

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