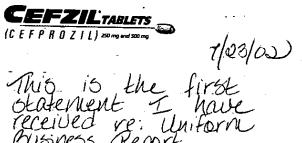
## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 28, 2002 8:00 am P01000091776 Secrétary of State DOCUMENT # 1. Entity Name 07-28-2002 90176 027 \*\*\*150.00 LINDA HARTMANN, MSN, ARNP, PA Principal Place of Business Mailing Address -1125 KINGS WAY DR 1425 KINGS WAY DR NOKOMIS FL 34279 NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address 581 N GONDOLA SEI N. GONDOLA DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State -- City & State-4. FEI Number \_\_ 65-1149427 Not Applicable ) ENICE UENICE Country Country \$8.75 Additional 5. Certificate of Status Desired <u>ጌ</u>ሣጔ-ና ን Fee Required ATZIASOT A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTMANN, LINDA Street Address (P.O. Box Number is Not Acceptable) 1125 KINGS WAY DR GONDOLA DR **NOKOMIS FL 34275** 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. SIGNATURE 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 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (4/02) ☐ Addition TITLE n ☐ Delete TITLE Change NAME HARTMANN, LINDA NAME 981 N. GOMBOLA DIZ 1125 KINGS WAY DR STREET ADDRESS STREET ADDRESS **NOKOMIS FL 34276** CITY-ST-ZIP CITY-ST-ZIP UENICE FL 34253 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS An Gallaha (Ala) CITY-ST-ZIP CITY-ST-ZIP ↑ ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

1/03/02 941-238 -Date Daytime Phone # 720

## Attachment 0#P0100091176/675573



received re: Uniform Rusiness Report.
Possibly due to Change of address? Please of address? Please of accept my check for 150.00 as payment in full.

Successly,

(frida)



E2-P049L-5-00