## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2003 8:00 am Secretary of State

SP-3756906 Not Applic  Zip Country Zip Country S. Certificate of Status Desired SS.75 Actifiones  S. Actifiones  S. Certificate of Status Desired SS.75 Actifiones  RESTEA, LINDA 1609 N.W. 103RD TERR. GAINESVILLE, FL 32606  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  a. The above named entity submits this distancement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and soo the obstacles of egistered agent.  SIGNATURE  SIGNATURE  STREET ALONG  SIGNATURE  SIGNATUR	DOCUMENT # P01000098821 . Entity Native LINDA RESTEA, CRNA, P.A.			05-01-2003 90254 005 *	**150.00
Suite, Apt. F, etc.   Guerre Here if MANING CHANGES   Guerre Here in MANING CHANGES   Guerre H	1609 N.W. 103RD TERR.	1609 N.W. 103RD TERR			
City & State  Ci	2. Principal Place of Business	3. Mailing Address			
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2D Country Zp Country 5, Certificate of Status Desired S8.75 Auditional 5. Register of S8.75 A	City & State City & State				Applied For Not Applicable
Name   Street Address (P.O. Box Number to Not Acceptable)	Zip Country	Zlp	Country		5 Additional
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and social statement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and social statement of registered agent.  ICANTURE  ### ACCEPTION OF THE STATE OF TH	. 6. Name and Address of	Current Registered Agent	Name	7. Name and Address of New Registered Agent	
A. The above named entity submits this distancent for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accommod the purpose of change agent, or both in the purpose of change agent and accurate and its arm yeignature of Rorida.    FLE NOWIN FALE	1609 N.W. 103RD TERR.			(P.O. Box Number is Not Acceptable)	
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### ABY # 2005 Rew will be \$560 CD. ### CONTROL OFFICERS AND DIRECTORS    11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	SignATURESignature, typed or printed number regis	which against and title if applicable. (NO	TE: Regionald Agent signalant require	nd when ministring) DATE	
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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 direct 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 10 or Block 1	TREET ADDRESS	ę , ·	STREET ADDRESS	_	
SIGNATURE: Rein Fentin CRUL PA 4/19/03 352 331 678(	indicated on this report or supplemental of the corporation or the receiver or trus	report is true and accurate and that tee empowered to execute this report ddress, with all other like empowered	my signature shall have the it as required by Chapter 60 d.	same legal effect as if made under oath; that I am an o 17, Florida Statutes; and that my name appears in Block	officer or director 10 or Block 11 (f