FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am **Secretary of State** P01000113503 DOCUMENT # 1. Entity Name 03-06-2002 90086 002 ***150.00 ALISON HANNA HELMKAMP, D.O., INC. Mailing Address Principal Place of Business 3165 N. MCMULLEN BOOTH RD. 3165 N. MCMULLEN BOOTH RD. **CLEARWATER FL 33761 CLEARWATER FL 33761** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C-1 C-I City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HELMKAMP, ALISON H Street Address (P.O. Box Number is Not Acceptable) 3165 N. MCMULLEN BOOTH RD. **CLEARWATER FL 33761** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Addition TITLE HELMKAMP, ALISON H NAME NAME 3165 N. MCMULLEN BOOTH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33761** CITY-ST-ZIP □ Change ☐ Addition TITLE D ☐ Delete TITLE HELMKAMP, MARK NAME 3165 N. MCMULLEN BOOTH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-7IP \square Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE 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 attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (9/01)