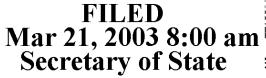
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000001925 **DOCUMENT #** 1. Entity Name AGRIMED SERVICES, INC.





03-21-2003 90075 025 ***150.00 Mailing Address Principal Place of Business 1805 FIRST STREET 1805 FIRST STREET LAKE PLACID FL 33852 LAKE PLACID FL 33852 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc Suite, Apt. #, etc. 375 Bear Lane Applied For 4. FEI Number 30 - 0011930 -ake Placid, FL City & State Not Applicable hake \$8.75 Additional Ountry USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert S. McLean MCLEAN, R SCOTT Street Address (P.O. Box Number is Not Acceptable) 1805 FIRST STREET 375 Bear Lane LAKE PLACID FL 33852 Lake Placid 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing , \$5.00 May Be Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Prestdent/Director R. Scott McLean 10. ☐ Change TITLE ☐ Delete NAME 375 Bear Lane NAME STREET ADDRESS STREET ADDRESS Lake Placed, FL 33852 CITY-ST-ZIP CITY-ST-ZIP secretary/Birector ☐ Change TITLE □ Delete TITLE TiNA M. McLean NAME NAME 375 Bear Lane STREET ADDRESS STREET ADDRESS Lake Photo, FL CITY-ST-ZIP CITY-ST-ZIP TITLE? Deléte TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 supplied with this filling 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)