2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2003 8:00 am Secretary of State

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05-05-2003 90336 045 ***150.00 **DOCUMENT#** P02000017754 1. Entity Name ELIZABETH A. GUNTHER, D.O., P.A. 55047113 Principal Place of Business Mailing Address 811 N. OCEAN SHORE BLVD. 811 N. OCEAN SHORE BLVD. FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 02-0547654 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 Elizabeth A Gunther CROTTY, KATHLEEN L Street Address (P.O. Box Number is Not Acceptable)

811 N. Ocean Shore **CROTTY & BARTLETT** 1800 W. INT'L SPEEDWAY BLVD., STE. 201 DAYTONA BEACH FL 32114 Flagler Beach 8. The above named emity 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State --- -- OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 --11. ~ President TITLE TITLE ☐ Delete Elizabeth A Guither, Po NAME NAME 811 N. Ocean Shore Blud. STREET ADDRESS STREET ADDRESS Flacier Beach, FL 32136 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 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. Change TITLE 🔲 Addition ia ta Partie da NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SECRETARISTO SECRETARIO OFFICER OF DIRECTOR

4/14/03 (381)439-4224