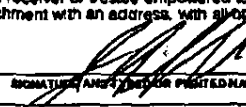


FILED
Jun 09, 2003 8:00 am
Secretary of State

05-06-2003 90047 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040364					
1. Entity Name SUN OSTEOPATHIC MEDICAL CENTER, INC.					
Principal Place of Business 1524 E LIVINGSTON ST ORLANDO, FL 32803			Mailing Address 1524 E LIVINGSTON ST ORLANDO, FL 32803		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 030442429	Applied For Not Applicable
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGLEHARDT, JOHN C 1524 E LIVINGSTON ST ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when submitting) Signature, type or print name of registered agent and title if applicable. DATE					
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	NAME SUN, WEN-FANG		TITLE PS		NAME John Shewmaker, DO
STREET ADDRESS 5806 LAKE UNDERHILL RD	CITY-ST-ZIP ORLANDO, FL 32807		STREET ADDRESS 5806 Lake Underhill, Orlando,	CITY-ST-ZIP 38 32807	
TITLE ☐ Delete	NAME ☐ Delete		TITLE ☐ Change ☒ Addition	NAME ☐ Change ☐ Addition	
TITLE ☐ Delete	NAME ☐ Delete		TITLE ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	
TITLE ☐ Delete	NAME ☐ Delete		TITLE ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	
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TITLE ☐ Delete	NAME ☐ Delete		TITLE ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	
TITLE ☐ Delete	NAME ☐ Delete		TITLE ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	
TITLE ☐ Delete	NAME ☐ Delete		TITLE ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  John A. Shewmaker				4/28/03 407 281-6863	