FILED Feb 21, 2003 8:00 am Secretary of State

|              |      |         | <b>CORPORA</b> |       |
|--------------|------|---------|----------------|-------|
| <b>UNIFO</b> | RM B | USINESS | REPORT         | (UBR) |

| DOCUMENT # P0200<br>1. Entity Name<br>JOHN R. BANISTER, P.A.  | 01-31-20  | 03 90127 (                           |                           | 130.00   |                     |                             |                   |
|---|---|--------------------------------------|---------------------------|--|---------------------|-----------------------------|-------------------|
| Principal Place of Business  1555 PALM BCH LAKES BLVD STE 1000  W PALM BCH FL 33401  W PALM BCH FL 33401  Mailing Address  1555 PALM BCH LAKES BLVD STI  W PALM BCH FL 33401  |   |                                      |                           |  |                     |                             |                   |
| 2. Principal Place of Business  | 3. Mailing Address  |                                      |                           | T TOBELLARD AND AND AND REACH BACK   | Metil Colle Hille ( | 880) HQQ1                   | BAKNI BAHI HABI   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.,  |                                      | ·· _ <del></del>          | CHECK-HERE I   | F-MAKING CH         | ANGES                       |                   |
| City & State  | City & State  |                                      | 4. FEI Number 074394      | 1/   | $\rightarrow$       | oplied For<br>ot Applicable |                   |
| Zip Country   | Zip   | Country                              |                           | 5. Certificate of Status Desired   |                     | 75 Ade                      | ditional          |
| 6. Name and Address of Current F  | legistered Agent  |                                      |                           | 7. Name and Address of New Re  |                     |                             |                   |
| BANISTER, JOHN R  |   |                                      | _                         | P.O. Box Number is Not Acceptable)   |                     | •                           | ~ ~               |
| 12127 CAPTAINS LANDING<br>N PALM BCH FL 33408   | •   |                                      |                           |  |                     |                             |                   |
| N FALM BOTI FE 33400  |   | City                                 | 12.12                     | · ·  | FL                  | Zip Cod                     | θ                 |
| 8. The above named entity submits this statement for the obligations of registered agent.   | the purpose of changing its r                                   | registered office                    | or register               | ed agent, or both, in the State of Flor  | ida. I am famil     | iar with,                   | and accept        |
| SIGNATURE Signature, typed or printed name of registered agent ar   | d tite if applicable. (NOTE:                                    | Registered Agent sig                 | nature required           | when renetating)   | DATE                |                             |                   |
| FILE NOWIN FEE IS \$150.00  |   |                                      |                           | The state of the s | - SAIC              |                             |                   |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of   | State   | a ~                                  | •                         | <ul> <li>9. Election Campaign Fina<br/>Trust Fund Contribution.</li> </ul>   |                     |                             | May Be<br>to Fees |
| 10. OFFICERS AND D  | L   | 11.                                  |                           | ADDITIONS/CHANGES TO OFFIC   | CERS AND DIR        | ECTORS                      | S IN 11           |
| TITLE . D   | ☐ Delete  | TITLE                                |                           |  |                     | Change                      |                   |
| NAME BANISTER, JOHN R STREET ADDRESS 1555 PALM BCH LAKES BLVD STR CITY-ST-ZIP W PALM BCH FL 33401   | 1000  | NAME<br>STREET ADDRES<br>CITY-ST-ZIP | s                         |  |                     |                             | Addition Addition |
| TITLE   | ☐ Delete  | TITLE                                | 1                         | •  |                     | Change                      | Addition          |
| NAME STREET ADDRESS CITY-ST-ZIP   |   | NAME<br>STREET AODRES<br>CITY-ST-ZIP | s                         |  |                     |                             | ]                 |
| TITLE   | Delete  | TITLE                                |                           |  | . 🗀                 | Change                      | Addition          |
| NAME  |   | NAME<br>CYNEET ADDRESS               |                           |  |                     |                             |                   |
| STREET ADORESS CITY-ST-ZIP  |   | STREET ADDRES CITY-ST-ZIP            | •                         |  |                     |                             |                   |
| TITLE NAME  | ☐ Delete  | TITLE<br>NAME                        | 1                         |  |                     | Change                      | ☐ Addition        |
| STREET-ADDRESS CITY-ST-ZIP  |   | STREET ADDRESS                       | s-  <del></del>           |  |                     |                             |                   |
| TITLE   | ☐ Delete  | TITLE                                | 1                         | · · · · · · · · · · · · · · · · · · ·  |                     | Change                      | Addition          |
| NAME<br>STREET ADDRESS  |   | NAME<br>STREET ADDRESS               | 5                         |  |                     |                             |                   |
| CITY-ST-ZIP .   | ☐ Deløte  | CITY-ST-ZIP<br>TITLE                 | <del> </del>              | · · · · · · · · · · · · · · · · · · ·  |                     | Change                      | Addition          |
| NAME<br>STREET ADDRESS  |   | NAME<br>STREET ADDRESS               | 3                         |  |                     |                             |                   |
| 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with SIGNATURE:  SIGNATURE AND TYPE OR PRESENTATION AND TYPE OF TYPE OF THE OF TYPE | rue and accurate and that my<br>rered to execute this report at | r signature shall s required by Cl   | have the s<br>hapter 607, | ame legal effect as if made under gat  | the that I am an    | officer o<br>k 10 or l      | r director        |