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Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90467 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000117421

1. Entity Name
MULBERRY MEDICAL GROUP, PA

Principal Place of Business
109 HEATHER OAKS CIRCLE
LADY LAKE, FL 32159

Mailing Address
109 HEATHER OAKS CIRCLE
LADY LAKE, FL 32159

2. Principal Place of Business	3. Mailing Address
8489 SE 165 MULBERRY LANE	P.O. Box 587
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: THE VILLAGES, FLORIDA	City & State: OXFORD, FLORIDA
Zip: 32162 Country: USA	Zip: 34484 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-0490879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AVECILLA, GUILLERMO B
109 HEATHER OAKS CIRCLE
LADY LAKE, FL 32159

7. Name and Address of New Registered Agent
Name: AVECILLA, GUILLERMO. B.
Street Address (P.O. Box Number is Not Acceptable): 8489 SE 165 MULBERRY LANE
City: THE VILLAGES FL Zip Code: 32162

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: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 2/27/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P AVECILLA, GUILLERMO B 109 HEATHER OAKS CIRCLE LADY LAKE, FL 32159	☒ Delete	P AVECILLA, GUILLERMO. B. 8489 SE 165 MULBERRY LANE THE VILLAGES, FLORIDA 32162	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/27/03 Daytime Phone #