2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9200013453 \ 1. Entity Name # D AEDO, ENTERPRISES, (INC) SEED DOMINIONAL OF ONE MEDICAL PROPERTY.				.1	Jan 24, 2002 8:00 am Secretary of State 01-24-2002 90166 043 ***150.00		
Principal Place 5652 DONNEL ORLANDO FL	e of Business LLY CIRCLE	Mailing Address 5652 DONNELLY CIRCLE ORLANDO FL 32821					
US		US					
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 43.20 OAKLAND PL 83.20 OAKLA Suite, Apt. #, etc. Suite, Apt. #, etc.			AND PL	DO NOT WRITE IN THIS SPACE			
City & Stat	NDO FL	City & State ORLANDO Zip	/= Country	4.	65-0394680	N	pplied For ot Applicable
zip 3281		32819	USA	5.	Certificate of Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of New Reg	istered Agent	
LOWADD ELIEN				Name			
HOWARD, ELLEN 2704 BEE RIDGE RD			Street A	Street Address (P.O. Box Number is Not Acceptable)			
SARASOT	TA FL 34239						
			City			FL Zip Coo	le
8. The above	named entity submits this statement for t	the purpose of changing its reg	gistered office o	r registered aç	ent, or both, in the State of Floric	da.	i
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Re	egistered Agent signat	ure required when r	einstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. On (See 'criteria' on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta					
다음 Tax filing (다음 (See crite)	requirement and elects to do so.	After May 1, 2002 Make Check Payable	Fee will be \$5	550.00 It of State	Trust Fund Contribution.	☐ Adde	d to Fees
HS Tax filling (CP (See crite) 11.3 (John 12)	requirement and elects to do so. ría on back) OFFICERS AND D	After May 1, 2002 Make Check Payable	Fee will be \$5 to Departmen 12.	550.00 It of State		Adde	d to Fees
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SIGNING OFFICER OR DIRECTOR