2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like-empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P93000047528 1. Entity Name WILLIAM J. CARRICK, D.C., P.A. 4-30-2001 90383 012 ***150.00 Principal Place of Business Mailing Address 2730 NW 39TH AVE. 2730 NW 39TH AVE GAINESVILLE FL 32605 GAINESVILLE FL 32605 60055736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3188022 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRICK, WILLIAM J DC Street Address (P.O. Box Number is Not Acceptable) 2730 NW 39TH AVE. GAINESVILLE FL 32605 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. NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE ☐ Change CARRICK, WILLIAM NAME STREET ADDRESS STREET ADDRESS 2730 NW 39TH AVE. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Delete TITLE 🗍 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if