UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90013 024 ***150.00

DOCUMENT # P93000079024

Entity Name
CMS of Northeast Florida Inc.

D0060599

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	Mailing Address
72 Osceola Avenue Jacksonville Beach, FL 32250	SAME

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc: 72 Osceola Ave.	Suite, Apt. #, etc: 472 Osceola Ave
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 County: Duval	Zip: 32250 County: Duval

4. FEI Number: 59-3126495 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Mary A. Robison One Independent Drive, Suite 2600 Jacksonville, FL 32202	Name: Michael A. Sones Street Address (P.O. Box Number is Not Acceptable): 472 Osceola Ave. City: Jacksonville Beach FL Zip Code: 32250

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.

Michael A. Sones

Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) — Date: 5/22/00

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Director Michael A. Sones 472 Osceola Ave. Jacksonville Beach, FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 472 Osceola Ave. / Jacksonville Beach, FL 32250 ☒ Change ☐ Addition Address
Director Patricia P. Sones 472 Osceola Ave. Jacksonville Beach, FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 472 Osceola Ave / Jacksonville Beach, FL 32250 ☒ Change ☐ Addition Address
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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

SIGNATURE: Michael A. Sones Director — 5/22/00 — 904-246-3664

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #