

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90014 007 \*\*\*150.00

| <b>DOCUMENT # P94000001199</b>  |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|---|---------------------------|---|---|---|---|----------------------------|--|--|---|--|--|-------|----|---------------------------------|-------|--|---|------|-------------------|--|------|--|--|----------------|---------------------------|--|----------------|--|--|-------------|-------------------|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|------|--|--|------|--|--|--|--|--|--|--|--|----------------|--|--|----------------|--|--|--|--|--|--|--|--|-------------|--|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|------|--|--|------|--|--|--|--|--|--|--|--|----------------|--|--|----------------|--|--|--|--|--|--|--|--|-------------|--|--|-------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|--|--|--|--|--|--|------|--|--|------|--|--|--|--|--|--|--|--|----------------|--|--|----------------|--|--|--|--|--|--|--|--|-------------|--|--|-------------|--|--|
| <b>1. Entity Name</b><br>FAMILY MEDICINE ASSOCIATES OF METROWEST, P.A.  |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| <b>Principal Place of Business</b><br>6320 OLD WATER GARDEN<br>ORLANDO, FL 32835 US   |                           |   | <b>Mailing Address</b><br>6320 OLD WINTER GARDEN ROAD<br>ORLANDO, FL 32835 US |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                           | <b>3. Mailing Address</b>   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| Suite, Apt #, etc.  |                           | Suite, Apt #, etc.  |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| City & State  |                           | City & State  |   | 03232007    Chg-P    CR2E034 (12/06)  |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| Zip   |                           | Country   |   | <b>4. FEI Number</b><br>59-3219850  |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| Zip   |                           | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>OSBORNE, WILLIAM G ESQ.<br>538 E. WASHINGTON ST<br>ORLANDO, FL 32801  |                           |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>AMERICAN INFORMATION SERVICES, INC.<br>Street Address (P.O. Box Number is Not Acceptable)<br>420 S. Orange Avenue, Suite 1200<br>City<br>Orlando    FL    Zip Code<br>32801 |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| <b>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</b><br><br>SIGNATURE: <u>Rebecca S. Matz</u> <b>Rebecca S. Matz, Asst. Secretary</b> <b>3/23/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PD</td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">VYAS, INDRAJIT C.</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6320 OLD WINTER GARDEN RD</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">ORLANDO, FL 32835</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                           |   |   |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | PD | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | VYAS, INDRAJIT C. |  | NAME |  |  | STREET ADDRESS | 6320 OLD WINTER GARDEN RD |  | STREET ADDRESS |  |  | CITY-ST-ZIP | ORLANDO, FL 32835 |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  | NAME |  |  | NAME |  |  |  |  |  |  |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  |  |  |  |  |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  | NAME |  |  | NAME |  |  |  |  |  |  |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  |  |  |  |  |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  | NAME |  |  | NAME |  |  |  |  |  |  |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  |  |  |  |  |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS  |                           |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                         |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| TITLE   | PD                        | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| NAME  | VYAS, INDRAJIT C.         |   | NAME  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | 6320 OLD WINTER GARDEN RD |   | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32835         |   | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| TITLE   |                           | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| NAME  |                           |   | NAME  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                           |   | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                           |   | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| TITLE   |                           | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| NAME  |                           |   | NAME  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                           |   | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                           |   | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| TITLE   |                           | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| NAME  |                           |   | NAME  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                           |   | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
|   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                           |   | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>   |                           |   |   |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |
| <b>SIGNATURE:</b> <u>Indrajit Vy</u> <b>INDRAJIT C. VYAS</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                           |   | Date <b>(407) 293-2930</b><br><small>Daytime Phone #</small>                  |   |   |                            |  |  |   |  |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                           |  |                |  |  |             |                   |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |  |  |  |  |  |  |      |  |  |      |  |  |  |  |  |  |  |  |                |  |  |                |  |  |  |  |  |  |  |  |             |  |  |             |  |  |

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