2000 UNIFORM BUSINESS REPORT, (UBR) **FILED** DOCUMENT # **P94000092197** May 03, 2000 8:00 am Secretary of State ROMEO A. TAGALA, M.D., P.A. 03-07-2000 90195 001 *****8.75 Principal Place of Business Mailing Address 03-07-2000 90195 002 ***150.00 3885 SOUTH FLORIDA AVE. 15707 ROCKFIELD BOULEVARD., STE 101 LAKELAND FL 33813 IRVINE CA 92618-2870 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE AKELANO Applied For City & State City & State 4. FEI Number 59-3322597 Not Applicable Country Zip \$8.75 Additional X Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered'Agent Name Wendel, John F Street Address (P.O. Box Number is Not Acceptable) % WENDEL CHRITTON & PARKS CHARTERED 5300 SOUTH FLORIDA AVE. LAKELAND FL 33813 Zip Code City 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 with the second 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (66/6) ☐ Change Addition TITLE TITLE Delete TAGALA, ROMEO A NAME NAME **CR2E034** STREET ADDRESS 1343 SUMMIT CHASE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813-6 ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-782

13. Thereby 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.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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- · 🖸 Delete - · · -

3/29/00

Date

Daytime Phone #

☐ Change

Addition