2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000045934 Aug 24, 2000 8:00 am Secretary of State 1. Entity Name KATINA A. MATTHEWS-FERRARI, M.D., P.A. 08-24-2000 90001 016 ***150.00 Principal Place of Business Mailing Address 2380 N. BEACH RD 2380 N. BEACH RD #107 ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 US 2. Principal Place of Business. 3. Mailing Address 90 22 Minway Blue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0586954 Charlotte Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Matthews-MATTHEWS-FERRARI, KATINA A Street Address (P.O. Box Number is Not Acceptable) 2380 N. BEACH RD # 107 ENGLEWOOD FL 34223 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits SIGNATURE t and title if applicable --(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (5/00) TITLE ☐ Delete TITLE KATINA A. MATTHEWS Ferrari 19022 MIDWAY BIND MATTHEWS-FERRARI, KATINA A NAME NAME STREET ADDRESS 2380 N. BEACH RD. 107 STREET ADDRESS Port Charlotte FL CITY-ST-ZIP 33948 CITY-ST-ZIP **ENGLEWOOD FL** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 changed, or on an attachment with an address and all other like empowered.

SIGNATURE:

DOMESTING OF SIGNING OFFICER OR DIRECTOR

अ/2/18

9416398300

Daytime Phone #

T.S. CHECHELE, P.A.

Attorney at Law

F. Samantha Chechele, Esq. 5625 Central Avenue St. Petersburg, FL 33710 Rhone (727) 381-6007 Facsimile (727) 381-7909 Email: tschechele@ij.net

*August 11, 2000

Florida Department of State Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Katina A. Matthews-Ferrari, M.D., P.A.

Dear Sir or Madam:

I am writing on behalf of the above-referenced professional association, transmitting the corporation's 2000 Uniform Business Report to you.

We are requesting that you accept the enclosed check; in the amount of \$150.00 as payment in full of the 2000 filing fee. Payment of the additional penalty for late filing will result in an extreme financial hardship to this company.

The taxpayer moved offices just prior to year end. The non-filing was an oversight and only discovered when their 1999 tax information was presented to their C.P.A., and he inquired about the Uniform Business-Report.

We respectfully request relief on this matter. Thank you for your consideration and assistance.

Very truly yours

T. Samantha Chechele

Ço: Dr. Katina A. Matthews-Ferrari

Enclosures