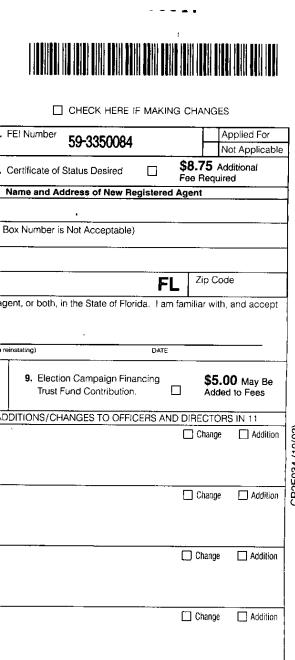
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCLIMENT

1. Entity Name	1 0000001 100			
Principal Place of Business 2602 JOHN MOORE RD BRANDON FL 33511	Mailing Address 2602 JOHN MOORE RD BRANDON FL 33511			





BRANDON FL 33511			BRANDON FL 33511									
2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FEI Number 59-3350084			oplied For	
Zip		Country	Zip	Zip Countr			5.	5. Certificate of Status Desired S8.75 Addition Fee Required				
	6. Name	and Address of Curren	t Register	ed Agent			7.	Name and Address of New Re				
GASSMA	N, alan s	ESQ.	•			Name	.,	•				
1245 CO	URT STREE	T, SUITE 102				Street Address (P.O. Box Number is Not Acceptable)						
CLEARWA	ATER FL 34	616										
						City			FL	Zip Cod	e	
8. The above the obligat	tions of registe	submits this statement fored agent. or printed name of registered agent.				ed office or re		gent, or both, in the State of Flori		miliar with,	and accept	
		·	and title if ap	Discable. (NOTE	: Registere	d Agent signature	required when r	reinstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	of State					9. Election Campaign Fina Trust Fund Contribution.			0 May Be I to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.		ΑI	DDITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKARD, 2602 JOH BRANDON	WAYNE A M.D. N MOORE RED		☐ Delete		ET ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Divinois	12 00011		□·Delete	TITLE NAME STRE					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Delete		1			1	Change	Addition	
TITLE NAME STREET ADDRESS SITY-ST-ZIP				☐ Delete					1	Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP				☐ Delete					[Change	Addition	
ITLE IAME				☐ Delete	TITLE NAME				(Change	Addition	

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP