2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 09, 2000 8:00 am DOCUMENT # P9600002302 **Secretary of State** MACKIE THERAPY SERVICES INC. 06-09-2000 90021 014 ***150.00 Mailing Address Principal Place of Business P O BOX 4937 1000 FULLBROOK BLVD ---- HARBOR FL 34685 **PALM HARBOR FL 34685-0237** 2. Principal Place of Business 3. Mailing Address 4336 FALLBROOK BU DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3358799 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACKIE, BRIAN Street Address (P.O. Box Number is Not Acceptable) 4336 FULLBROOK BLVD PALM HARBOR FL 34685 Zip Code statement for the purcese of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE MACKIE, BRIAN NAME 4336 FALLBROOK BLVD 4336 FULLBROOK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAMBA-MACKIE, FAYE NAME NAME 4336 FALLBROOK BLUD 4336 FULLBROOK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

r 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 received of trustee empowered of exputy 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

CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information

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Daytime Phone #