2000 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # P96000003933 CARROLLWOOD PROFESSIONAL CENTER, INC. 05-19-2000 90013 009 ***150.00 Mailing Address Principal Place of Business 9261 LAZY LANE --- LAZY LANE 1AMPA FL 33614 TAMPA FL 33614-2305 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE adalalane Applied For 4. FEI Number 59-3202258 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required P 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REIBER, SAM I Street Address (P.O. Box Number is Not Acceptable) **601 EAST TWIGGS STREET** SUITE 200 **TAMPA FL 33602** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 ☐ Addition TITLE ዋνςτ **PVST** TITLE Delete NAME TRZCINSKI, RICHARD ていへろんに STREET ADDRESS STREET ADDRESS 9261 LAZY LANE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME

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, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

B13-933-0625