2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P9600056623 1. Entity Name MARK C. DILLON, M.D., P.A. 04-19-2000 90015 039 ***150.00 Principal Place of Business Mailing Address 4100 CAREYWOOD DRIVE 1421 MALABAR RD NE MELBOURNE FL 32934-7617 STE 230 PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address RD NE 421 MAIA BAR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. STE . Applied For City & State 4. FEI Number City & State 59-3393990 PAIM Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 32907 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name , MARK D#110N DILLON, MARK C Street Address (P.O. Box Number is Not Acceptable) 1421 MALABAR RD NE STE 230 STE. 235 PALM BAY FL 32907 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE DILLION, MARK DILLION, MARK C 1421 MAIABAR RD NE STE. 235 NAME NAME 1421 MALABAR RD NE STE 230 STREET ADDRESS STREET ADDRESS FL. 32907 PAIM BAY CITY-ST-ZIP PALM BAY FL CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 the 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 amaddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

2/21/00