FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 22, 2001 8:00 am DOCUMENT # P96000057730 Secretary of State VINCENT J. TURIANO, M.D., P.A. 01-22-2001 90022 035 ***150.00 Principal Place of Business Mailing Address 1210 SOUTH OLD DIXIE HIGHWAY 6989 CYPRESS COVE CIR JUPITER FL 33458 JUPITER FL 33458-3793 D0006266 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0681562 Not Applicable Zip Country \$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 Name TURIANO, VINCENT J Street Address (P.O. Box Number is Not Acceptable) 6989 CYPRESS COVE CIRCLE JUPITER FL 33458 City Zip Code FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete TITI F Change NAME TURIANO, VINCENT J NAME STREET ADDRESS 1210 SOUTH OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change 1 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

PROSIDENT.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition