2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600072802 TRILLIUM HEALTH NETWORK, INC. Principal Place of Business Mailing Address 2631 MCCORMICK DR 2631 MCCORMICK DR STE 102 STE 102 CLEARWATER FL 33759 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Zip Country 6. Name and Address of Current Registered Agent Name COATES, BOBBY L Street Address (P.O. Box Number is Not Acceptable) 2631 MCCORMICK DR **STE 102 CLEARWATER FL 33759** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00

OFFICERS AND DIRECTORS

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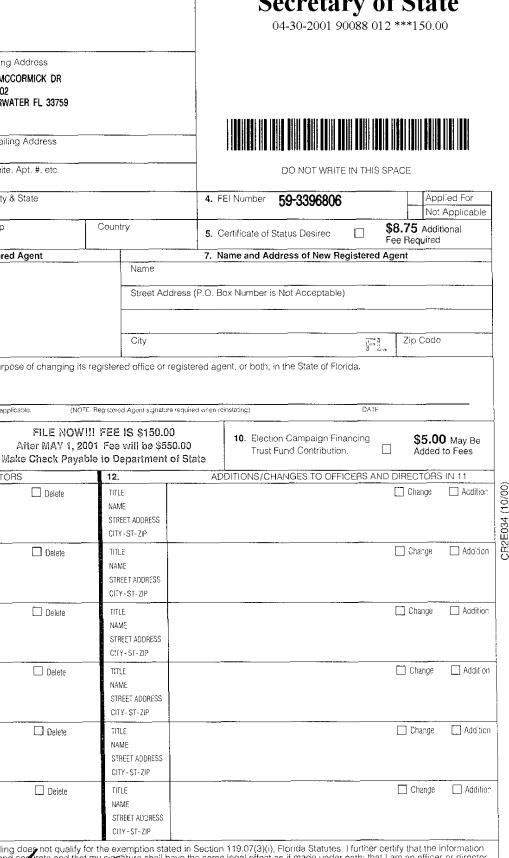
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Apr 30, 2001 8:00 am Secretary of State



upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information yal report is true and accourate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director fuster empowered to secute this popular required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supp of the corporation or the reg changed, or on an attachmen

SIGNATURE:

(See criteria on back)

COATES, BOBBY L

CLEARWATER FL 33759

2631 MCCORMICK DR STE 102

11.

TITLE

NAME

TITLE

NAME

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NAME STREET ADDRESS

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> BY L. COATES FFICER OR DIRECTOR

4/23/01 Date