

0029174 HV

1. Entity Name


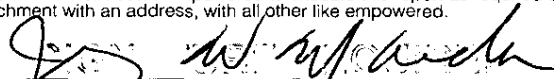
FILED

02 JAN 16 AM 11: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11945 SAN JOSE BLVD. SUITE #102 JACKSONVILLE FL 32223		Mailing Address 11945 SAN JOSE BLVD. SUITE #102 JACKSONVILLE FL 32223		<div style="font-size: 1.2em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: left;"></div> <div style="text-align: right; font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</div>																					
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3403553 <div style="float: right; font-size: 0.8em;">Applied For <input type="checkbox"/> Not Applicable</div>																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																							
City & State		City & State																							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																							
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131				Name																					
				Street Address (P.O. Box Number is Not Acceptable)																					
				City																					
				FL Zip Code																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;">11. OFFICERS AND DIRECTORS</div><div style="width: 48%;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div></div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 48%; vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div style="width: 90%;"><div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><div style="font-size: 0.8em;">TITLE</div><div style="font-size: 0.8em;">NAME</div><div style="font-size: 0.8em;">STREET ADDRESS</div><div style="font-size: 0.8em;">CITY - ST - ZIP</div></div><div style="width: 65%;"><div>D</div><div>MAIDA, JERRY W M.D.</div><div>11945 SAN JOSE BLVD.</div><div>JACKSONVILLE FL 32223</div></div><div style="width: 5%; text-align: right;"><input type="checkbox"/> Delete</div></div></div></div></td><td style="width: 4%;"></td><td style="width: 48%; vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div style="width: 90%;"><div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><div style="font-size: 0.8em;">TITLE</div><div style="font-size: 0.8em;">NAME</div><div style="font-size: 0.8em;">STREET ADDRESS</div><div style="font-size: 0.8em;">CITY - ST - ZIP</div></div><div style="width: 65%;"><div></div><div></div><div></div><div></div></div><div style="width: 5%; 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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.																									
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">SIGNATURE: </div><div style="width: 20%; text-align: center;">Date: 1-07-02</div><div style="width: 40%; text-align: center;">Daytime Phone #: 904-268-3937</div></div> <div style="font-size: 0.8em; margin-top: 5px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>																									