2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P96000099675** VISION 21 OF SOUTHERN ARIZONA, INC. 04-26-2000 90198 050 ***150.00 Principal Place of Business Mailing Address 7360 BRYAN DAIRY RD 7360 BRYAN DAIRY RD STE 200 STE 200 719920 LARGO FL 33777 LARGO FL 33777-1506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. # etc. 4. FEI Number Applied For City & State City & State 59-3436552 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, DARRELL C Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD SUITE 2800 TAMPA FL 33602 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) 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. ☐ Addition ☐ Delete TITLE TITLE NAME GILLETTE, THEODORE N NAME STREET ADDRESS 7360 BRYAN DAIRY RD STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 ☐ Change DSVP Delete ☐ Addition TITLE TITLE NAME SANCHEZ, RICHARD L NAME STREET ADDRESS 7360 BRYAN DAIRY RD STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 Delete TITLE ☐ Change Addition TITLE NAME WELCH, RICHARD T NAME STREET ADDRESS 7360 BRYAN DAIRY RD STE 200 STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of grate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director but this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this filli indicated on this report or supplemental report is true a of the corporation or the receiver or trustee changed, or on an attack nent with an add

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SIGNATURE AND TYPED OR PRINTED