2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-02-2000 90118 020 ***150.00

DOCUMENT # P97000021650

1. Entity Name
VISIONARY HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
13602 N. 46TH STREET TAMPA FL 33613	13602 N. 46TH STREET TAMPA FL 33613-4931

2. Principal Place of Business	3. Mailing Address
4302 Henderson Blvd., #112	4302 Henderson Blvd., #112
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, FL	Tampa FL
City & State	City & State
Zip: 33629-5608	Zip: 33629-5608
Country: USA	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3436499 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOMISCO INCORPORATION, INC 222 LAKEVIEW AVE., SUITE 800 WEST PALM BEACH FL 33401	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAMMER, MARK E MD	NAME	
STREET ADDRESS	508 S. HABANA AVE., SUITE 120	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HESS, BRUCE MD	NAME	
STREET ADDRESS	880 6TH STREET S., SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, HARRIS MD	NAME	
STREET ADDRESS	6002 POINT WEST BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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.

SIGNATURE: Michael N. Leding Jr. (Michael N. Leding, Jr.) 4/24/00 813-251-1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mark E. Hammer MD 5/18/00
MARK E. HAMMER, M.D.