2000 UNIFORM BUSINESS REPORT (UBR)

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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

DO NOT WRITE IN THIS SPACE

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 Country USA	Zip 33629-5608 Country USA

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

HOMISCO INCORPORATION, INC
222 LAKEVIEW AVE., SUITE 800
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

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 #

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