2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P97000027413 VISION 21 MANAGEMENT SERVICES, INC. 05-16-2001 90216 024 ***150.00 Mailing Address Principal Place of Business 7360 BRYAN DAIRY RD 7360 BRYAN DAIRY RD STE 200 STE 200 LARGO FL 33777 LARGO FL 33777 rincipal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3436555 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, DARRELL C Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD **SUITE 2800 TAMPA FL 33602** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (10/00) TITLE Delete TITLE GILLETTE. THEODORE N NAME NAME 7360 BRYAN DAIRY RD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LÁRGO FL 33777 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete -TiTl E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNING OFFICER OR DIRECTOR

FILED