FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P97000045101 1. Entity Name 05-16-2001 90367 050 ***150.00 VISION 21 OF SIERRA VISTA, INC. Principal Place of Business Mailing Address 7360 BRYAN DAIRY RD 7360 BRYAN DAIRY RD STE 200 STE 200 LARGO FL 34647 LARGO FL 34647 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3454532 Not Applicable Zip \$8.75 Additional 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 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) 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 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 13 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Change PD ☐ Delete TITLE TITLE NAME GILLETTE, THEODORE N NAME STREET ADDRESS STREET ADDRESS 7360 BRYAN DAIRY RD STE 200 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD DONES 4/30/2

4/0 7520121

Daytime Phone #