2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBRA)

FILED Feb 17, 2003 8:00 am Secretary of State

02-03-2003 90043 023 ***150.00

UNIFORM	BUSINESS REPO	DRIT	: 10
OUNENT #	DOZOGOGOGO	7/1	太

P97000052633 1. Entity Name PROCTOR & BAGGETT, M.D., P.A. Proctor, Baggett + YOUN, MD/PA TUROUUGG Principal Place of Business Mailing Address 777-97TH ST., STE, C-101 777-37TH ST., STE, C-101 VERO BEACH FL 32960 VERO BEACH FL 32980 2. Principal Place of Business 3. Mailing Address 1325 1325 36th St Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State VE 10 4. FEI Number Veno Applied For 65-0757521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FENNELL, TODD W Street Address (P.O. Box Number is Not Acceptable) 979 BEACHLAND BLVD. VERO BEACH FL 32963 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Secretary Change CR2E034 (10/02) MALIE BAGGETT, KATHLEEN, M ☐ Addition NAME STREET ADDRESS 1325 36th Street Suite A 777 37TH STREET, SUITE C-101 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP Very Braces AL 32960 Delete TITLE Dresident NAME PROCTOR, DONALD C JR. NAME 36th St STREET ADDRESS Suite A 777-37TH ST., STE. C-101 1325 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP Beach FL 32960 TITLE Voon, Alex H 1325 36th St ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS Suite A CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change NAME ☐ Addition 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 NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting 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 frue 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: