FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90122 001 ***150.00

DOCUMENT # P97000054190

1. Entity Name
LCD OF FLAGLER INC

DO NOT WRITE IN THIS SPACE

831250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4560 North Hwy US 1	4560 North Hwy US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bunnell, FL	City & State: Bunnell, FL
Zip: 32110 Country: USA	Zip: 32110 Country: USA

4. FEI Number: 59-3453813 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: L A Gornto, Jr

Street Address (P.O. Box Number is Not Acceptable): 149-F South Ridgewood Avenue

City: Daytona Beach **FL** Zip Code: 32114

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Pamela Trausneck 4560 North Hwy US 1 Bunnell, FL 32110	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4560 North Hwy US 1 Bunnell, FL 32110
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Pamela Trausneck 4/9/02 386-437-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #