2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P97000058884 **DOCUMENT#**

FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90129 042 ***150.00

DOUGLAS TERZIGNI, D.O. P.A.							`	J4-10-200J	J012J 042	. 150.	00
Principal Place of Business 3006 US HWY 19 HOLIDAY FL 34691		Mailing Address 3006 US HWY 19 HOLIDAY FL 34691									
2. Principal Place of Business		3. Mailing Address				_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State		City-& State			4.		4. FEI Number	. FEI Number 59-3460525			pplied For ot Applicable
Zip	Country		<u> </u>				5. Certificate of		<u> </u>	\$8.75 Ad ee Requir	
6. Name and Address of Current Registered Agent					Name		7. Name and Ad	Idress of New	Registered A	gent	
TERZIGNI, DOUGLAS											
3006 US HWY 19				Street Address (P.			O. Box Number is	Not Acceptat	ole)		
HOLIDAY FL 34691								 -			
				-	City				FL	Zip Cod	de
	named entity submits this statement for one of registered agent.	or the purp	pose of changing its r	registere	d office or reg	istered	d agent, or both, i	n the State of	Florida. I am f	amiliar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if app	licable (NOTE:	: Registered	Agent signature re-	quired w	hen reinstating)		DATE		
F	ILE NOW!!! FEE IS \$150.00										
After May 1, 2003 Fee will be \$550.00								on Campaign ! Fund Contribut			00 May Be
Make Check Payable to Florida Department of State										, ,,,,,,,,	101000
10.	OFFICERS AND	PRS	11.			ADDITIONS/CH	ANGES TO O	FICERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERZIGNI, DOUGLAS E 3006 US HWY 19 HOLIDAY FL 34691		□ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		T ADDRESS ST-ZIP	ŭ.			<u> </u>	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	STREE	T ADDRESS ST-ZIP			عهد در مسیدر		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wit	h thin filtra	Delete	CITY-S	T ADDRESS ST-ZIP	n C	ing 110 07/0\%)	Tadida Cultura	16 ml	☐ Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR