

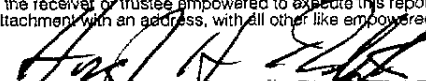


**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P97000059702</b> 1. Entity Name <b>HUGH H. ROBERTS, D.C., P.A.</b></div><div style="text-align: center;"></div></div>		<b>Secretary of State</b>					
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business <b>905 SOUTH MISSOURI AVENUE LAKELAND, FL 33803</b></div><div>Mailing Address <b>905 SOUTH MISSOURI AVENUE LAKELAND, FL 33803</b></div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"><span>01272005</span><span>No Chg-P</span><span>CR2E034 (10/03)</span></div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number <b>59-3457288</b></td><td style="width:20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>		4. FEI Number <b>59-3457288</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
DO NOT WRITE IN THIS SPACE							
<b>6. Name and Address of Current Registered Agent</b>  <b>ROBERTS, HUGH H D.C. 905 SOUTH MISSOURI AVENUE LAKELAND, FL 33803</b>		DO NOT WRITE IN THIS SPACE					
<b>8.</b> 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 the obligations of registered agent.							
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>							
TITLE	NAME	DO NOT WRITE IN THIS SPACE					
STREET ADDRESS	PST ROBERTS, HUGH H D.C.						
CITY - ST - ZIP	905 SOUTH MISSOURI AVENUE LAKELAND, FL 33803						
TITLE	NAME						
STREET ADDRESS	STREET ADDRESS						
CITY - ST - ZIP	CITY - ST - ZIP						
TITLE	NAME	DO NOT WRITE IN THIS SPACE					
STREET ADDRESS	STREET ADDRESS						
CITY - ST - ZIP	CITY - ST - ZIP						
TITLE	NAME						
STREET ADDRESS	STREET ADDRESS						
CITY - ST - ZIP	CITY - ST - ZIP						
TITLE	NAME	DO NOT WRITE IN THIS SPACE					
STREET ADDRESS	STREET ADDRESS						
CITY - ST - ZIP	CITY - ST - ZIP						
TITLE	NAME						
STREET ADDRESS	STREET ADDRESS						
CITY - ST - ZIP	CITY - ST - ZIP						
<b>12.</b> 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> 		<div style="display: flex; justify-content: space-between;"><div><b>1/28/05</b></div><div><b>863-682-1170</b></div></div> <div style="display: flex; justify-content: space-between; font-size: 8pt;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>					