2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000033880 May 07, 2000 8:00 am Secretary of State DENMOR MEDICAL, INC. 05-07-2000 90003 019 ***150.00 Principal Place of Business Mailing Address 725 SOUTH LAKE CLAIRE CIRCLE 725 SOUTH LAKE CLAIRE CIRCLE OVIEDO FL 32765-9140 OVIEDO EL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3505155 Not Applicable Zip Country Zip Country \$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 Name WHISONANT, DONALD M Street Address (P.O. Box Number is Not Acceptable) 725 SOUTH LAKE CLAIRE CIRCLE **OVIEDO FL 32765** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change | ☐ Addition TITL F ☐ Delete TITLE WHISONANT, DONALD M NAME STREET ADDRESS STREET ADDRESS 725 SOUTH LAKE CLAIRE CIRCLE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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. Further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that I am an officer or director indicated on this report or supplied entering the analysis of the corporation or the receivery trustee empowered to execute this report as indicated by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

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