FILED **PROFIT** Jun 10, 1999 8:00 am FLORIDA DEPARTMENT CE STATE CORPORATION Katherine Harris **Secretary of State** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 06-10-1999 90015 016 ***150.00 1980000 51543 DOCUMENT # 1. Corporation Name Community Clinical Reservat Mailing Address Principal Place of Business 7410 We Frest Circle 13345 Brigham LAME Part Birthey, Fr 34603 DO NOT WRITE IN THIS SPACE 133- Hudson Fr 3. Date Incorporated or Qualifed Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 13345 <9-3 7110 We Frest circl Brighton LN Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Hudson PAT Richer Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible 34662 34447 USA □No USA 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent mubel well- Indan 82 Street Address (P.O. Box Number is Not Acceptable) 13342 Bright Los Zio Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE and name of registered agent and title if applica (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 DILE TITLE Darglins A John The non-CR2E034 12 NAME NAME 13 STREET ADDRESS STREET ADDRESS Hoden Fl 1.4 CITY-ST-ZIP CITY-ST-ZP Addition Change DELETE Vice Mesident 21 TITLE makel hells. Jordon 22 NAME NAME 13745 Anshar La 2.3 STREET ADDRESS STREET ADDRESS imilia ñ 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition CI DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S7-ZIP

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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82 NAME

DELETE

SIGNATURE:

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NAME

STREET ADDRESS

Douglas A. Johnson In Dan

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5/19/99 727-861-1167

Change

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