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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 58-3541388	Applied For ☒ Yes ☐ Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, LARRY N 4340 NEWBERRY ROAD SUITE 301 GAINESVILLE, FL 32607		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

a. 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.

SIGNATURE

Signature, dated by printed name of signatory, must appear on all exhibits

NOTE: Registered Agents required upon completion.

DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHODOSH, LANCE 4340 NEWBERRY ROAD STE. 201 GAINESVILLE, FL 32607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry N. Smith 4340 Newberry Rd Suite 201 Gainesville FL 32608	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, ANDREW G 4340 NEWBERRY ROAD STE. 101 GAINESVILLE, FL 32607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADDY, CLARK MD 4340 NEWBERRY RD. STE. 203 GAINESVILLE, FL 32607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMID, BEN DDS 4340 NEWBERRY RD. STE. 204 GAINESVILLE, FL 32607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied in this report does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information included on this report was prepared by me or under my supervision 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 authorized to execute the 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, all as true and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

Q. 10

Caring Plans &