2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am 5 Secretary of State P98000093428 DOCUMENT # 1. Entity Name VCP-SAN MARCO, INC. Mailing Address Principal Place of Business 3020 HARTLEY ROAD 3020 HARTLEY ROAD SUITE 300 SUITE 300 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3541445 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ... 2011 Name FARRELL, MARK T Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY RD SUITE 300 JACKSONVILLE FL 32257 Zip Code 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. Mitter with 12 中的關係情報問題自己 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Change NAME ROOD, JOHN D NAME STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD STE 300 CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP ٧S ☐ Addition TITLE ☐ Delete TITLE NAME FARRELL, MARK T NAME STREET ADDRESS 3020 HARTLEY RD STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL 32257 ☐ Change ☐ Addition TITLE TITLE NAME SMITH, BERNARD E NAME STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD STE 300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 197 - CARRY 129 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Mark T. Farrell April 19, 2002 (904) 260-3030 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.