2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
06-20-2001 90008 050 ***150.00

DOCUMENT # P98000097428

1. Entity Name
MAVERICK MEDICAL VENTURES, INC.

Principal Place of Business	Mailing Address
5508 -40TH AVE E BRADENTON FL 34208	7116 GULF BLVD. SUITE E ST. PETE BEACH FL 33706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5910 CATTLERIDGE BLVD	5910 CATTLERIDGE BLVD
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.: SUITE C
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34232 Country: USA	Zip: 34232 Country: USA

4. FEI Number 52-2138397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, TERRANCE P
7116 GULF BLVD.
SUITE E
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name: DANIEL F. BAFIA
Street Address (P.O. Box Number is Not Acceptable): 5910 CATTLERIDGE BLVD
SUITE C
City: SARASOTA FL Zip Code 34232

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	DPST	☒ Change ☐ Addition
NAME	BAFIA, DANIEL		NAME	BAFIA, DAN	
STREET ADDRESS	5508 40TH AVE E		STREET ADDRESS	5910 CATTLERIDGE BLVD, STE C	
CITY-ST-ZIP	BRADENTON FL 34208		CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	DVST	☒ Delete	TITLE	V	☐ Change ☒ Addition
NAME	TUCKER, JOHN A		NAME	KATHLEEN L. BAFIA	
STREET ADDRESS	% T. MACNAMARA- 7116 GULF BLVD- STE E		STREET ADDRESS	5508 40TH AVE. EAST	
CITY-ST-ZIP	ST PETERSBURG BCH FL 33706		CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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.

SIGNATURE: [signature] DANIEL BAFIA 5/7/01 941-342-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #