2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000010821 1. Entity Name DANIEL K. UNDERWOOD, D.C., P.A. 04-24-2001 90272 016 ***150.00 Mailing Address Principal Place of Business 2831 RINGLING BLVD 2831 RINGLING BLVD BLDG A102 BLDG A102 C0050585 SARASOTA FL 34237 SARASOTA FL 34237 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0890708 Not Applicable Country \$8.75 Additional Zip \Box 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent -Name MOORE, JOHN L Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code City ${\sf FL}$ 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change DPST ☐ Detete TITLE UNDERWOOD, DANIEL K NAME STREET ADDRESS STREET ADDRESS 2831 RINGLING BLVD., BLDG A102 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34237 Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE _ ☐ Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR