2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000012241 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name ROSE LAND OF BRADENTON, INC. 04-24-2000 90126 034 ***150.00 Mailing Address Principal Place of Business 3004 BAY DRIVE 3004 BAY DRIVE BRADENTON FL 34207-5510 **BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address 2800 60th Ave. W. 3004 BAY Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State -4. FEI Number Bradenton Bradenton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3820) USR 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OZARK, DAMIAN M ESQ. Street Address (P.O. Box Number is Not Acceptable) OZARK & PERRON, P.A. 2808 MANATEE AVENUE WEST **BRADENTON FL 34205** City 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, typeu or printed name of reco u agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy "Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE Change Addition THLE ROSLANSKY, TIMOTHY NAME NAME 3004 BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** Change ■ Addition TITLE ☐ Delete TITLE ROSLANSKY, BARBARA NAME NAME 3004 BAY DRIVE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 ☐ Change Addition Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

☐ Delete

4.04.2000 941.228.2548

Date Dayling Phone #

☐ Change

Addition

CR2E034 (9/99)